

CRYSTAL LAKE ELEMENTARY DISTRICT #47

300 Commerce Drive, Crystal Lake, Illinois 60014 (815) 788-5000

www.d47.org

[f /D47schools](https://www.facebook.com/D47schools) [t @crystallakeSD47](https://twitter.com/crystallakeSD47)

July 18, 2018

Ms. Brittany Keeperman
NW Herald Reporter
Shaw Media
bkeeperman@shawmedia.com

Dear Ms. Keeperman:

On July 11, 2018, the School District received your Freedom of Information Act request via email. The following information was requested:

- Please send me a copy of the superintendent's contract including all benefits.
[Dr. Hinz Approved Contract](#)
- Please also provide records of any expense reports / credit card statements if applicable from the superintendent from Jan 1 2017 to present.
Documents provided.

This fulfills our obligation to your FOIA request. I would appreciate acknowledgment that you received this email and successfully opened the document.

If you have any questions please feel free to contact me 815-788-5000.

Sincerely,

Clare F. Bourne
Freedom of Information Officer
Crystal Lake School District 47

July 10, 2018

Ms. Clare Bourne
FOIA Officer
Crystal Lake Elementary District 47
[300 Commerce Drive](#)
[Crystal Lake, IL 60014](#)

Dear Ms. Bourne,

This is a request for records under the Illinois Freedom of Information Act (5 ILCS 140).

Please forward all responsive documents to me by email at kmread@mchenrycountyil.gov. I request that all documents kept in an electronic format be given to me electronically. If this is not possible, please call me at 815-307-5071 to discuss delivery arrangements.

I request the following information for each district fiscal year from 2010 to 2017:

- The total number of district employees;
- The total number of administrators employed by the district;
- All salary ranges for administrative staff;
- The total compensation for administrative staff paid in each fiscal year;
- All salary ranges for teachers;
- The total compensation for teacher staff paid in each fiscal year;
- and
- The number of teachers at each school in your district.

Thank you for your time. Please do not hesitate to call or email me with any questions.

Sincerely,

Kelly Read
Administrative Intern

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	01/17/2017	155200	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Jan 2017	Cell Phone Reimbursement	0	01/03/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

155200

Check Date Check Amount
 01/17/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0155200⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

JAN 04 2017
BY:



Name: Kathy Hinz Location: CORE Today's Date: 1/3/2017

Dates covered in this report: From: bill due 12/30/2016 To: bill due 12/30/2016

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown			
Total miles:	<u>0</u>	@ <u>0.575</u> per mile	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)			
Taxi or Shuttle			
Hotel (attach receipt to this report)			
Meals (attach itemized receipts to report)			
Registration or Conference Fee			
Miscellaneous travel expenses (please explain below)			<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract			
Balance due			<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

Employee Signature

Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

Jan.
1.3.17
MB



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Nov 5, 2016 - Dec 4, 2016
580490603-00001
3498402732

KEYLINE



MICHAEL HIN7

See last page for payment options and how to
split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



MORE Everything Unlimited Talk, Text & 10GB \$65.60



Devices and add-ons \$248.15



Surcharges \$6.26

Taxes and government fees \$20.06

\$340.07

Due December 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	02/21/2017	155554	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Feb 2017	Cell Phone Reimbursement	0	01/30/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

155554

Check Date Check Amount
 02/21/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J

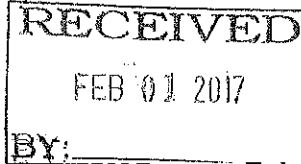


Assistant Superintendent of Business

⑈0155554⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz

Location: CORE Today's Date: 1/30/2017

Dates covered in this report: From: bill due 1/30/2017 To: bill due 1/30/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown	
Total miles: <u>0</u> @ <u>0.575</u> per mile	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)	
Taxi or Shuttle	
Hotel (attach receipt to this report)	
Meals (attach itemized receipts to report)	
Registration or Conference Fee	
Miscellaneous travel expenses (please explain below)	<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract	
Balance due	<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

Employee Signature

Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

Feb.
1-30-17
MG



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Dec 5, 2016 - Jan 4, 2017
580490803-00001
3511876845

KEYLINE



MICHAEL HINZ

R

See last page for payment options and how to split your bill.
Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



MORE Everything Unlimited Talk, Text & 10GB \$65.60

Devices and add-ons \$248.15



Surcharges \$6.20

Taxes and government fees \$20.06

\$340.01

Due January 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	04/17/2017	156291	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
040317	Cell Phone Reimbursement - Mar	0	04/03/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

156291

Check Date Check Amount
 04/17/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0156291⑈ ⑆071918765⑆ 0389250601⑈

RECEIVED
 APR 04 2017
 BY: _____



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 4/3/2017

Dates covered in this report: From: bill due 3/30/2017 To: bill due 3/30/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)	_____			
Taxi or Shuttle	_____			
Hotel (attach receipt to this report)	_____			
Meals (attach itemized receipts to report)	_____			
Registration or Conference Fee	_____			
Miscellaneous travel expenses (please explain below)	_____ 150			
monthly cell bill up to \$150.00 per Supt. contract	_____			
Balance due	150.00			

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

[Signature]
 Employee Signature

[Signature]
 Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

April
 4.4.17
 46



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Feb 5, 2017 - Mar 4, 2017
580490603-00001
3538831680

KEYLINE










MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.

	Plan and account	\$98.60
	Kathleen Hinz	\$28.33
	Kathleen Hinz	\$51.24
	Kathleen Hinz	\$51.24
	Michael Hinz	\$37.91
	Kathleen Hinz	\$28.33
	Surcharges	\$5.80
	Taxes and government fees	\$20.79

\$322.24

Due March 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	03/20/2017	155939	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
March 2017	Cell Phone Reimbursement	0	02/28/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

155939

Check Date Check Amount
 03/20/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J

Catherine A Nelson
 Assistant Superintendent of Business

⑈0155939⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

RECEIVED
FEB 28 2017
BY:



Name: Kathy Hinz Location: CORE Today's Date: 2/28/2017

Dates covered in this report: From: bill due 2/28/2017 To: bill due 2/28/2017

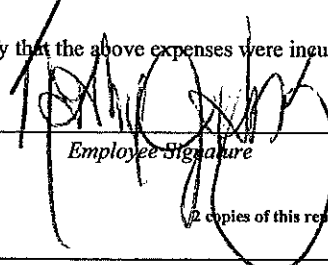
Meeting/Conference Location: monthly cell phone bill

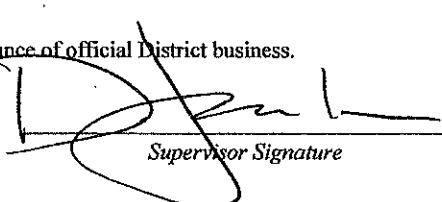
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

March
2-28-17
46



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Jan 5, 2017 - Feb 4, 2017
580490603-00001
3525333104

KEYLINE



MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



One-time charges and refunds See page 3 **-\$9.34**



Plan and account **\$98.60**



Devices and add-ons **\$197.51**



Surcharges **\$5.80**

Taxes and government fees **\$20.81**

\$313.38

Due February 27

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	05/15/2017	156598	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
May 2017	Cell Phone Reimbursement	0	05/01/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

156598

Check Date Check Amount
 05/15/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0156598⑈ ⑆071918765⑆ 0389250601⑈

MAY 02 2017



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 5/1/2017

Dates covered in this report: From: bill due 4/30/2017 To: bill due 4/30/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)	<u>150</u>			
monthly cell bill up to \$150.00 per Supt. contract				
Balance due	<u>150.00</u>			

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

Kathy Hinz
Employee Signature

[Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

May
5.1.17
MG

Wireless Residential Business

Crystal Lake, IL Español Contact Us Store Locator Cart Sign Out

verizon Shop Support My Verizon

I am looking for



My Verizon Home My Billing My Usage My Devices My Plan & Services My Profile

Pay bill

Confirmation! Your payment has been scheduled.

Confirmation summary

Thank you for your payment of \$322.30
Confirmation # NV00000288939079

Print confirmation

Payment details



Account [REDACTED]

Balance Due: \$322.30

Payment: \$322.30

Remaining balance: \$0.00

Pay on: 04/30/2017

Method: Chase Checking

Saved Payment Method

For your protection, any saved payment account that is not used for a period of six months will be automatically removed.

Set up auto pay

Would you like to set up auto pay with this payment method? Yes

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	06/19/2017	156909	\$475.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
06-02-17	Health and Wellness, Fringe Account	0	06/02/2017	325.00	0.00	0.00	325.00
June 2017	Cell Phone Reimbursement	0	05/30/2017	150.00	0.00	0.00	150.00
Totals				\$475.00	\$0.00	\$0.00	\$475.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

156909

Check Date Check Amount
 06/19/2017 \$475.00

Pay ****Four Hundred Seventy-Five Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0156909⑈ ⑆071918765⑆ 0389250601⑈



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

RECEIVED
JUN 02 2017
BY: _____

Name: Kathy Hinz Location: CORE Today's Date: 6/2/2017

Dates covered in this report: From: 1/1/2017 To: 6/30/2017

Meeting/Conference Location: health club membership fees

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below) - <u>Wellness</u>				<u>325</u>
July - December membership fees (employee only)	<u>06.6.17</u>			
Balance due				<u>325.00</u>

Account Code: Admin \$750 fringe account 10 E 000 2320 0640 00 0 -0

I certify that the above expenses were incurred in

[Signature]
Employee Signature

[Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	01/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

1/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
12/01/2016	12/01/2016	2	1961678	Electronic Funds Tra		\$0.00	\$33.00
12/02/2016	12/02/2016	2	1961892	Cancel Installment		\$711.75	\$0.00
12/02/2016	12/02/2016	2	1961893	Refund: Opti Program		(\$711.75)	\$0.00
01/01/2017	12/30/2016	2	1968672	Guest Passes - Annual Allotment		\$0.00	\$0.00
01/01/2017	12/31/2016	2	1974017	Classic Corp II 2nd Person	Mike Hinz	\$33.00	\$0.00

Previous Balance: \$33.00

New Charges: \$33.00

New Payments: \$33.00

Ending Balance: \$33.00

Pending Auto Draft: \$33.00

Aged Balances				Late Fee
Current	30 Days	60 Days	90 Days	
33.0000	0.0000	0.0000	0.0000	0.0000

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	02/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

2/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
01/01/2017	01/01/2017	2	1983386	Electronic Funds Tra		\$0.00	\$33.00
02/01/2017	01/31/2017	2	1994293	Classic Corp II 1st Person		\$56.00	\$0.00
02/01/2017	01/31/2017	2	1995088	Classic Corp II 2nd Person	Mike Hinz	\$33.00	\$0.00

Previous Balance: \$33.00
 New Charges: \$89.00
 New Payments: \$33.00
 Ending Balance: \$89.00
 Pending Auto Draft: \$89.00

Aged Balances				
Current	30 Days	60 Days	90 Days	Late Fee
89.0000	0.0000	0.0000	0.0000	0.0000

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	03/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

3/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
02/01/2017	02/01/2017	2	2003150	Electronic Funds Tra		\$0.00	\$89.00
03/01/2017	02/28/2017	2	2010535	Classic Corp II 1st Person		\$59.00	\$0.00
03/01/2017	02/28/2017	2	2013775	Classic Corp II 2nd Person	Mike Hinz	\$35.00	\$0.00

Previous Balance: \$89.00

New Charges: \$94.00

New Payments: \$89.00

Ending Balance: \$94.00

Pending Auto Draft: \$94.00

Aged Balances				Late Fee
Current	30 Days	60 Days	90 Days	
94.0000	0.0000	0.0000	0.0000	0.0000

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	04/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

4/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
03/01/2017	03/01/2017	2	2021964	Electronic Funds Tra		\$0.00	\$94.00
04/01/2017	03/31/2017	2	2029615	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$94.00
 New Charges: \$59.00
 New Payments: \$94.00
 Ending Balance: \$59.00
 Pending Auto Draft: \$59.00

Aged Balances				
Current	30 Days	60 Days	90 Days	Late Fee
59.0000	0.0000	0.0000	0.0000	0.0000

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	05/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

5/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
04/01/2017	04/01/2017	2	2040598	Electronic Funds Tra		\$0.00	\$59.00
05/01/2017	04/30/2017	2	2048091	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

AgedBalances				
Current	30 Days	60 Days	90 Days	Late Fee
59.0000	0.0000	0.0000	0.0000	0.0000

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	06/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

6/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
05/01/2017	05/01/2017	2	2059320	Electronic Funds Tra		\$0.00	\$59.00
06/01/2017	05/31/2017	2	2069333	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00
 New Charges: \$59.00
 New Payments: \$59.00
 Ending Balance: \$59.00
 Pending Auto Draft: \$59.00

AgedBalances				Late Fee
Current	30 Days	60 Days	90 Days	
59.0000	0.0000	0.0000	0.0000	0.0000

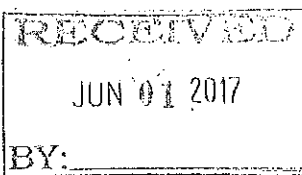
CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz

Location: CORE

Today's Date: 5/30/2017

Dates covered in this report: From: bill due 5/30/2017

To: bill due 5/30/2017

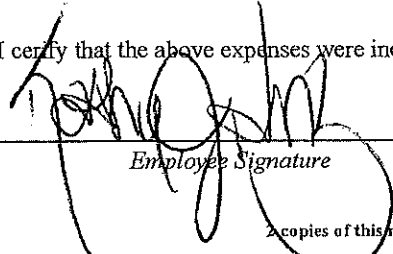
Meeting/Conference Location: monthly cell phone bill

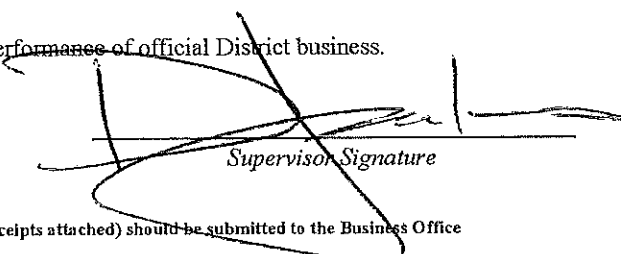
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown					
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL	<u>0.00</u>
Train, plane or bus fare (tax exempt)					
Taxi or Shuttle					
Hotel (attach receipt to this report)					
Meals (attach itemized receipts to report)					
Registration or Conference Fee					
Miscellaneous travel expenses (please explain below)					<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract					
Balance due					<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

June
5.30.17
MG



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Apr 5, 2017 - May 4, 2017
580490603-00001
3565752786

KEYLINE










MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.

	Plan and account	\$98.60
<hr/>		
	Kathleen Hinz	\$10.00
	Kathleen Hinz	\$51.24
	Kathleen Hinz	\$51.24
	Michael Hinz	\$37.91
	Kathleen Hinz	\$28.33
<hr/>		
	Surcharges	\$5.86
	Taxes and government fees	\$19.36

\$302.54

Due May 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	07/17/2017	157264	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
July 2017	Cell Phone Reimbursement	0	06/30/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

157264

Check Date Check Amount
 07/17/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0157264⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

RECEIVED
JUL 08 2017
BY: _____



Name: Kathy Hinz Location: CORE Today's Date: 6/30/2017

Dates covered in this report: From: bill due 6/29/2017 To: bill due 6/29/2017

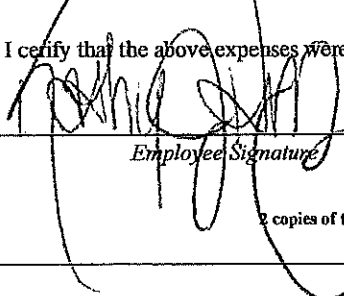
Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.



Employee Signature



Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

July 2017
MS
6.17



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

May 5, 2017 - Jun 4, 2017
580490603-00001
3579057869

KEYLINE











MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.

	Plan and account	\$98.60
	Kathleen Hinz	\$10.00
	Kathleen Hinz	\$51.24
	Kathleen Hinz	\$51.24
	Michael Hinz	\$37.91
	Kathleen Hinz	\$10.00
	Surcharges	\$5.86
	Taxes and government fees	\$17.93

\$282.78

Due June 29

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	08/24/2017	157633	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
August 2017	Cell Phone Reimbursement	0	07/31/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

157633

Check Date Check Amount
 08/24/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

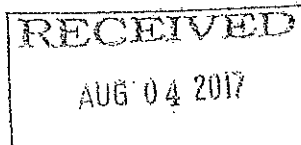
To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz

Location: ~~CORE~~ Today's Date: 7/31/2017

Dates covered in this report: From: bill due 7/30/2017 To: bill due 7/30/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Janna Tharp

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

[Handwritten Signature]
Employee Signature

[Handwritten Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

Aug 16 2017



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Jun 5, 2017 - Jul 4, 2017
580490603-00001
3592295023

KEYLINE



MICHAEL HINZ

1

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Plan and account \$98.60

Kathleen Hinz \$10.00

Kathleen Hinz \$51.24

Kathleen Hinz \$51.24

Michael Hinz \$37.91

Kathleen Hinz \$10.00



Surcharges \$5.89

Taxes and government fees \$17.99

\$282.87

Due July 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	09/18/2017	157755	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Sept 2017	Cell Phone Reimbursement	0	08/30/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

157755

Check Date Check Amount
 09/18/2017 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



RECEIVED
AUG 30 2017
BY: _____

Name: Kathy Hinz Location: CORE Today's Date: 8/30/2017

Dates covered in this report: From: bill due 8/30/2017 To: bill due 8/30/2017

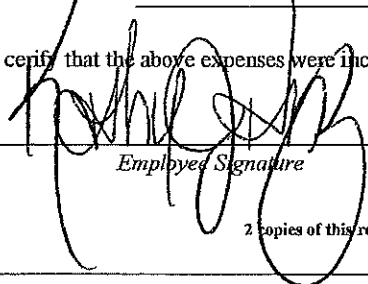
Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

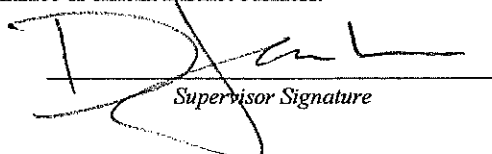
Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)	<u>150</u>			
monthly cell bill up to \$150.00 per Supt. contract				
Balance due	<u>150.00</u>			

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.



Employee Signature



Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

Sept.
MB
8-30-17



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Jul 5, 2017 - Aug 4, 2017
580490603-00001
3605562528

KEYLINE



MICHAEL HINZ

CRYSTAL LAKE, IL 60014-2011

See last page for payment options and how to split your bill.
Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Balance past due **\$24.74**



One-time charges and credits See page 3 **-\$26.57**



Plan and account **\$98.60**



Kathleen Hinz **\$10.00**

Kathleen Hinz **\$51.24**

Kathleen Hinz **\$51.24**

Michael Hinz **\$51.47**

Kathleen Hinz **\$10.00**



Surcharges **\$5.89**

Taxes and government fees **\$20.81**

Total due

\$297.42

\$24.74 due immediately

\$272.68 due August 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J.	10/16/2017	158082	\$842.50

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
10-02-17	Conference Expense Reimbursement	0	10/02/2017	692.50	0.00	0.00	692.50
Oct 2017	Cell Phone Reimbursement	0	10/02/2017	150.00	0.00	0.00	150.00
Totals				\$842.50	\$0.00	\$0.00	\$842.50

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

158082

Check Date 10/16/2017
 Check Amount \$842.50

Pay ****Eight Hundred Forty-Two Dollars & 50 Cents**

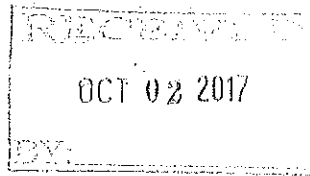
To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz Location: CORE Today's Date: 10/2/2017

Dates covered in this report: From: Sept 27, 2017 To: Sept 29, 2017

Meeting/Conference Location: IASA annual conference

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown			
Total miles:	<u>452</u>	@ <u>0.535</u> per mile	TOTAL <u>241.82</u>
Train, plane or bus fare (tax exempt)			
Taxi or Shuttle			
Hotel (attach receipt to this report)			<u>300.58</u>
Meals (attach itemized receipts to report)			
Registration or Conference Fee			
Miscellaneous travel expenses (please explain below)			<u>150</u>
Balance due			<u>692.40</u>

Account Code: 10-000-2320-0332-00-00000000

I certify that the above expenses were incurred in the performance of official District business.

Employee Signature

Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office



WYNDHAM®
Hotels and Resorts

Wyndham Springfield City Centre
700 E Adams Street
Springfield, IL 62701
Tel: (217)789-1530 Fax: (217)789-0709

INFORMATION INVOICE

Arrival : 09-27-17
Departure : 09-29-17
Company Name : IL Assn of School Administrators

Kathy Hinz
300 Commerce Drive
Crystal Lake IL 60014
US

Folio / Invoice # : /
Reference # : 80285EC054558
Room No. : 2807
Page No. : 1 of 1
Membership No. : 147818828J
Conf. No. : 2046047
Cashier No. :
A/R Number :

Date	Description	Reference	Charges	Credits
09-27-17	Room Charge		133.00	
09-27-17	Room Tax State 6%		7.98	
09-27-17	Room Tax City 7% (03-01)		9.31	
09-28-17	Room Charge		133.00	
09-28-17	Room Tax State 6%		7.98	
09-28-17	Room Tax City 7% (03-01)		9.31	
09-29-17	Visa			300.58
Total			300.58	300.58

Balance 0.00

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

RECEIVED
OCT 03 2017



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 10/2/2017

Dates covered in this report: From: bill due 9/30/2017 To: bill due 9/30/2017

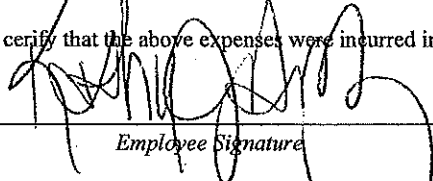
Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

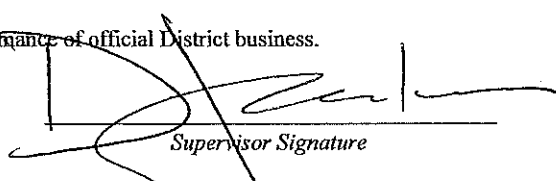
Expense Breakdown			
Total miles:	<u>0</u>	@ <u>0.575</u> per mile	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)			
Taxi or Shuttle			
Hotel (attach receipt to this report)			
Meals (attach itemized receipts to report)			
Registration or Conference Fee			
Miscellaneous travel expenses (please explain below)			<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract			
Balance due			<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.



Employee Signature



Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

OCT
MG
10.2.17



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Aug 5, 2017 - Sep 4, 2017
580490603-00001
3618786607

KEYLINE



MICHAEL HINZ

See last page for payment options and how to
split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



One-time charges and credits page 3 \$23.20



Plan and account \$106.80



Kathleen Hinz page 5 \$10.00

Kathleen Hinz page 6 \$56.24

Kathleen Hinz page 6 \$56.24

Michael Hinz page 7 \$56.24

Kathleen Hinz page 7 \$10.00



Surcharges \$6.16

Taxes and government fees \$20.78

\$345.66

Due September 29

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	11/20/2017	158420	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Nov 2017	Cell Phone Reimbursement	0	10/30/2017	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

158420

Check Date 11/20/2017
 Check Amount \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

NOV 01 2017
BY: _____



Name: Kathy Hinz Location: CORE Today's Date: 10/30/2017

Dates covered in this report: From: bill due 10/30/2017 To: bill due 10/30/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	0	@	0.575 per mile	TOTAL 0.00
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				150
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				150.00

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official-District business.

Kathy Hinz
Employee Signature

[Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

NOV 10 30 17
MG



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Sep 5, 2017 - Oct 4, 2017
580490603-00001
3632000360

KEYLINE



MICHAEL HINZ

15

See last page for payment options and how to
split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Plan and account

\$106.80



Kathleen Hinz

page 4

\$10.00

Kathleen Hinz

page 4

\$56.24

Kathleen Hinz

page 5

\$56.24

Michael Hinz

page 5

\$56.24

Kathleen Hinz

page 5

\$10.00



Surcharges

\$6.13

Taxes and government fees

\$19.89

\$321.54

Due October 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	12/18/2017	158767	\$504.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Dec 2017	Cell Phone Reimbursement	0	11/27/2017	150.00	0.00	0.00	150.00 ✓
Jul-Dec 2017	Health and Wellness, Fringe Account	0	12/02/2017	354.00	0.00	0.00	354.00 ✓
Totals				\$504.00	\$0.00	\$0.00	\$504.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

158767

Check Date 12/18/2017
 Check Amount \$504.00

Pay ****Five Hundred Four Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

RECEIVED

NOV 29 2017



Crystal Lake Elementary District 47

BY: _____

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 11/27/2017

Dates covered in this report: From: bill due 11/29/2017 To: bill due 11/29/2017

Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)	_____			
Taxi or Shuttle	_____			
Hotel (attach receipt to this report)	_____			
Meals (attach itemized receipts to report)	_____			
Registration or Conference Fee	_____			
Miscellaneous travel expenses (please explain below)	_____ 150			
monthly cell bill up to \$150.00 per Supt. contract				
Balance due	_____ 150.00			

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.

[Signature]
Employee Signature

[Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

Dec
MG
11/27/17



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Oct 5, 2017 - Nov 4, 2017
580490603-00001
3645209082

KEYLINE



MICHAEL HINZ
1577 ROLLING HILLS DR
CRYSTAL LAKE, IL 60014-2943

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Plan and account **\$106.80**

Kathleen Hinz page 3 **\$10.00**

Kathleen Hinz page 3 **\$56.24**

Kathleen Hinz page 4 **\$56.24**

Michael Hinz page 4 **\$56.24**

Kathleen Hinz page 4 **\$10.00**



Surcharges **\$6.13**


Taxes and government fees **\$19.89**

\$321.54

Due November 29



Pay bill

 Confirmation! Your Payment has been received.

Confirmation summary

Thank you for your payment of \$321.54
Confirmation # 168574

Payment details



Account 580490603-00001

Balance Due:	\$321.54
Payment:	\$321.54
Remaining balance:	\$0.00
Pay on:	11/24/2017
Method:	AE1001



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 12/2/2017

Dates covered in this report: From: 7/1/2017 To: 12/30/2017

Meeting/Conference Location: health club membership fees

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>354</u>
July - December membership fees (employee only)				
Balance due				<u>354.00</u>

Account Code: Admin \$750 fringe account 10 E 000 2320 0640 00 0 - 0

I certify that the above expenses were incurred in

[Signature]
Employee Signature

[Signature]
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	07/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

7/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
06/01/2017	06/01/2017	2	2078213	Electronic Funds Tra		\$0.00	\$59.00
07/01/2017	06/30/2017	2	2087361	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Kathy Hinz

Account	Date
HUN26943	08/01/2017

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

8/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
07/01/2017	07/01/2017	2	2098860	Electronic Funds Tra		\$0.00	\$59.00
08/01/2017	07/31/2017	2	2108616	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	09/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

9/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
08/01/2017	08/01/2017	2	2118860	Electronic Funds Tra		\$0.00	\$59.00
09/01/2017	08/31/2017	2	2129446	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Kathy Hinz

Account	Date
HUN26943	10/01/2017

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

10/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
09/01/2017	09/01/2017	2	2137797	Electronic Funds Tra		\$0.00	\$59.00
10/01/2017	09/30/2017	2	2146614	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	11/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

11/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
10/01/2017	10/01/2017	2	2155260	Electronic Funds Tra		\$0.00	\$59.00
11/01/2017	10/31/2017	2	2163984	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	12/01/2017

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

12/1/2017

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
11/01/2017	11/01/2017	2	2173445	Electronic Funds Tra		\$0.00	\$59.00
12/01/2017	11/30/2017	2	2182650	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	01/16/2018	159160	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Dec 2018	Cell Phone Reimbursement	0	01/02/2018	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

159160

Check Date 01/16/2018
 Check Amount \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J

Catherine A Nelson
 Assistant Superintendent of Business

⑈0159160⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

JAN 03 2018



Name: Kathy Hinz Location: CORE Today's Date: 1/2/2018

Dates covered in this report: From: bill due 12/30/2017 To: bill due 12/30/2017

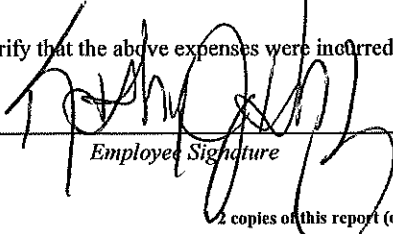
Meeting/Conference Location: monthly cell phone bill

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

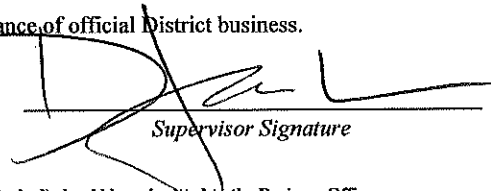
Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.



Employee Signature



Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Nov 5, 2017 - Dec 4, 2017
580490603-00001
3658429842

KEYLINE






MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.

	Plan and account		\$106.80
	Kathleen Hinz	page 3	\$10.00
	Kathleen Hinz	page 3	\$56.24
	Kathleen Hinz	page 4	\$56.24
	Michael Hinz	page 4	\$56.24
	Kathleen Hinz	page 4	\$10.00
	Surcharges		\$6.13
	Taxes and government fees		\$19.89

\$321.54

Due December 30

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	02/20/2018	159308	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Jan 2018	Phone Reimbursement	0	01/31/2018	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

159308

Check Date Check Amount
 02/20/2018 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0159308⑈ ⑆071918765⑆ 0389250601⑈



Shop

Support

My Verizon

I am looking for

My Verizon Home

My Billing

My Usage

My Devices

My Plan & Services

My Profile

Pay bill

Confirmation! Your Payment has been received.

Confirmation summary

Thank you for your payment of \$323.55
Confirmation # 01480P

Print confirmation

Payment details



Account 580490603-00001

Balance Due:	\$323.55
Payment:	\$323.55
Remaining balance:	\$0.00
Pay on:	01/30/2018
Method:	MC8345

Saved Payment Method



Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

Name: Kathy Hinz Location: CORE Today's Date: 1/31/2018

Dates covered in this report: From: bill due 1/27/2018 To: bill due 1/27/2018

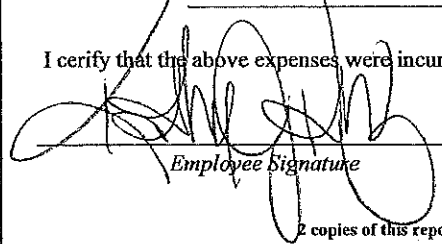
Meeting/Conference Location: monthly cell phone bill

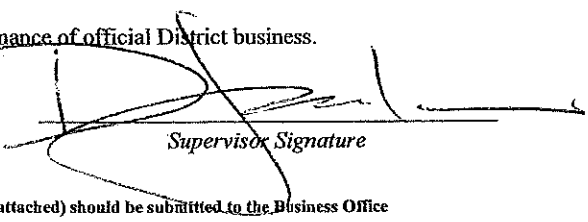
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

KJ
2-6-18

Jan
MG
2-6-18

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	03/19/2018	159640	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Feb 26	Phone Reimbursement	0	02/26/2018	150.00	0.00	0.00	150.00 ✓
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

159640

Check Date Check Amount
 03/19/2018 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

⑈0159640⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz Location: CORE Today's Date: 2/26/2018

Dates covered in this report: From: bill due 2/24/2018 To: bill due 2/24/2018

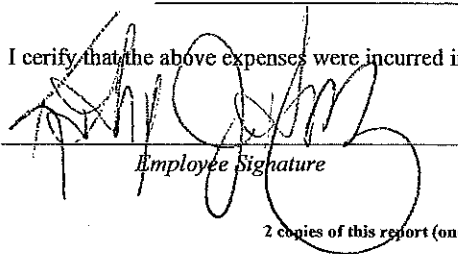
Meeting/Conference Location: monthly cell phone bill

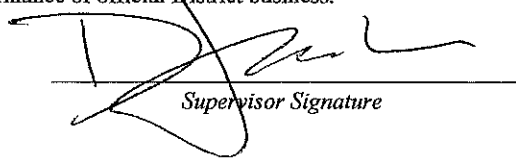
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown			
Total miles:	<u>0</u>	@ <u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)			
Taxi or Shuttle			
Hotel (attach receipt to this report)			
Meals (attach itemized receipts to report)			
Registration or Conference Fee			
Miscellaneous travel expenses (please explain below)			<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract			
Balance due			<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

H
3-8-18

Feb.
3-5-18
MG

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	04/16/2018	159964	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Mar 2018	Phone Reimbursement	0	03/29/2018	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

159964

Check Date Check Amount
 04/16/2018 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz Location: CORE Today's Date: 3/29/2018

Dates covered in this report: From: bill due 3/29/2018 To: bill due 3/29/2018

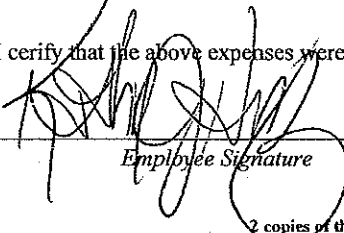
Meeting/Conference Location: monthly cell phone bill

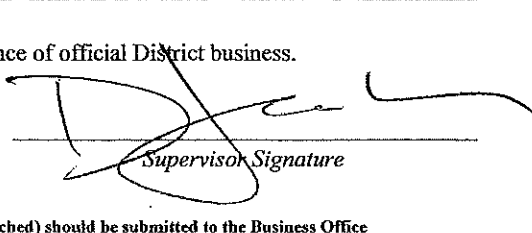
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due.				150.00

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

KJ 4-3-18

March 4-2-18

MG



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Feb 5, 2018 - Mar 4, 2018
580490603-00001
3698075458

KEYLINE










MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.

	Plan and account		\$112.80
<hr/>			
	Kathleen Hinz	page 4	\$10.00
	Kathleen Hinz	page 4	\$56.24
	Kathleen Hinz	page 5	\$56.24
	Michael Hinz	page 5	\$56.24
	Kathleen Hinz	page 5	\$10.00
<hr/>			
	Surcharges		\$6.22
	Taxes and government fees		\$21.81

\$329.55

Due March 27

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	05/21/2018	160280	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Apr 2018	Phone Reimbursement	0	04/27/2018	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

160280

Check Date Check Amount
 05/21/2018 \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz Location: CORE Today's Date: 4/27/2018

Dates covered in this report: From: bill due 4/26/2018 To: bill due 4/26/2018

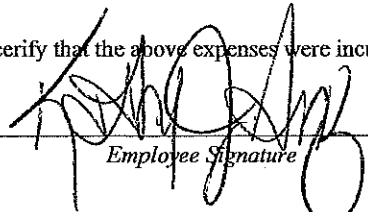
Meeting/Conference Location: monthly cell phone bill

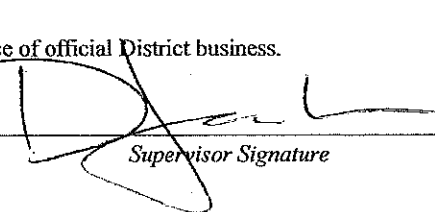
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

April
MG
5.1.18



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Mar 5, 2018 - Apr 4, 2018
580490603-00001
3711305936

KEYLINE



MICHAEL HINZ

1

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Credit balance **\$0.00**



One-time charges **\$30.00** page 3



Plan and account **\$112.80**



Devices and add-ons **\$188.72** page 5



Surcharges **\$7.23**

Taxes and government fees **\$24.55**

\$363.30

Due April 26



Adjustment for Equipment Protection

Earlier this year, we mailed a letter to notify you that new benefits and changes to your protection program would take effect on March 6, 2018. This bill reflects a one-time credit adjustment due to the difference between the effective date of the program changes and date of your bill cycle.

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	06/18/2018	160570	\$504.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Jan-Jun 18	Fringe	0	06/04/2018	354.00	0.00	0.00	354.00 /
May 2018	Phone Reimbursement	0	05/25/2018	150.00	0.00	0.00	150.00 /
Totals				\$504.00	\$0.00	\$0.00	\$504.00

CRYSTAL LAKE SCHOOL DISTRICT 47
300 COMMERCE DRIVE
CRYSTAL LAKE, IL 60014

HOME STATE BANK
CRYSTAL LAKE, IL

160570

Check Date Check Amount
06/18/2018 \$504.00

Pay ****Five Hundred Four Dollars & 00 Cents**

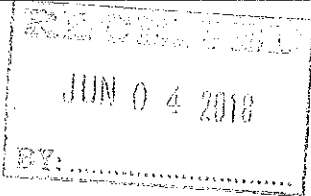
To the Order Of: Hinz, Dr. Kathleen J



Assistant Superintendent of Business

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form



Name: Kathy Hinz Location: CORE Today's Date: 6/4/2018

Dates covered in this report: From: 1/1/2018 To: 6/30/2018

Meeting/Conference Location: health club membership fees

Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemized, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>354</u>
January - June membership fees (employee only)				
Balance due				<u>354.00</u>

KJ
6-4-18

Account Code: Admin \$750 fringe account 10E000 2020 0640

I certify that the above expenses were incurred in

[Signature]
Employee Signature

[Signature] 6/4/18
Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	01/01/2018

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

1/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
12/01/2017	12/01/2017	2	2191850	Electronic Funds Tra		\$0.00	\$59.00
01/01/2018	12/29/2017	2	2197579	Guest Pass - Annual Allotment		\$0.00	\$0.00
01/01/2018	12/31/2017	2	2201772	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	02/01/2018

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

2/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
01/01/2018	01/01/2018	2	2213494	Electronic Funds Tra		\$0.00	\$59.00
02/01/2018	01/31/2018	2	2223452	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Kathy Hinz

Account	Date
HUN26943	03/01/2018

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

3/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
02/01/2018	02/01/2018	2	2232579	Electronic Funds Tra		\$0.00	\$59.00
03/01/2018	02/28/2018	2	2242789	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	04/01/2018

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

4/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
03/01/2018	03/01/2018	2	2251217	Electronic Funds Tra		\$0.00	\$59.00
04/02/2018	03/31/2018	2	2261797	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	05/01/2018

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

5/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
04/02/2018	04/01/2018	2	2270477	Electronic Funds Tra		\$0.00	\$59.00
05/01/2018	04/30/2018	2	2295712	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

CHBFC-HUN
 10450 Algonquin Road
 Huntley, IL 60142

STATEMENT

Account	Date
HUN26943	06/01/2018

Kathy Hinz

Pending Auto Draft:

Amount Enclosed:

Due Date:

CHBFC-HUN

6/1/2018

HUN26943 - Kathy Hinz

Trans. Date	Post Date	Site #	Invoice #	Description	Billed From	Charges	Payments
05/01/2018	05/01/2018	2	2304719	Electronic Funds Tra		\$0.00	\$59.00
06/01/2018	05/31/2018	2	2315553	Classic Corp II 1st Person		\$59.00	\$0.00

Previous Balance: \$59.00

New Charges: \$59.00

New Payments: \$59.00

Ending Balance: \$59.00

Pending Auto Draft: \$59.00

Aged Balance				Late Fee
Current	30 Days	60 Days	90 Days	
\$59.00	\$0.00	\$0.00	\$0.00	\$0.00

CHBFC-HUN

Phone: (815) 444-2900 Ext.

Account: HUN26943

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

RECEIVED

MAY 29 2018

BY: _____



Name: Kathy Hinz Location: CORE Today's Date: 5/25/2018

Dates covered in this report: From: bill due 5/27/2018 To: bill due 5/27/2018

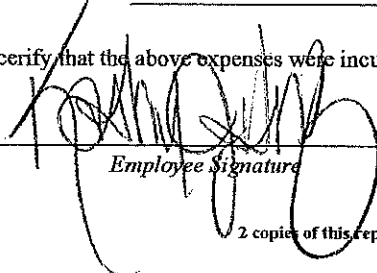
Meeting/Conference Location: monthly cell phone bill

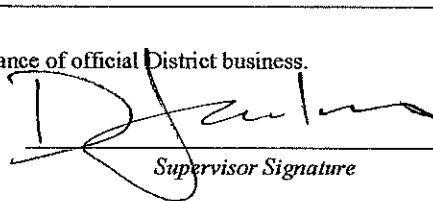
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown				
Total miles:	<u>0</u>	@	<u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)				
Taxi or Shuttle				
Hotel (attach receipt to this report)				
Meals (attach itemized receipts to report)				
Registration or Conference Fee				
Miscellaneous travel expenses (please explain below)				<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract				
Balance due				<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office

May
5.29.18
MG



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

Apr 5, 2018 - May 4, 2018
580490603-00001
3724484784

KEYLINE



MICHAEL HINZ

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Plan and account **\$112.80**

Kathleen Hinz page 4 **\$10.00**

Kathleen Hinz page 4 **\$56.24**

Kathleen Hinz page 5 **\$56.24**

Michael Hinz page 5 **\$56.24**

Kathleen Hinz page 5 **\$10.00**



Surcharges **\$6.13**

Taxes and government fees **\$21.78**

\$329.43

Due May 27

CRYSTAL LAKE SCHOOL DISTRICT 47

Vendor Key	Vendor Name	Check Date	Check Number	Check Total
HINZ KAT001	Hinz, Dr. Kathleen J	06/28/2018	160796	\$150.00

Invoice Number	Invoice Description	PO Number	Invoice Date	Gross Amt	Discount Amt	Adjustment Amt	Net Amt
Jun 18	Phone Reimbursement	0	06/28/2018	150.00	0.00	0.00	150.00
Totals				\$150.00	\$0.00	\$0.00	\$150.00

CRYSTAL LAKE SCHOOL DISTRICT 47
 300 COMMERCE DRIVE
 CRYSTAL LAKE, IL 60014

HOME STATE BANK
 CRYSTAL LAKE, IL

160796

Check Date 06/28/2018
 Check Amount \$150.00

Pay ****One Hundred Fifty Dollars & 00 Cents**

To the Order Of: Hinz, Dr. Kathleen J
 C



Assistant Superintendent of Business

⑈0160796⑈ ⑆071918765⑆ 0389250601⑈

Crystal Lake Elementary District 47

Travel/Employee Reimbursement Form

RECEIVED
JUN 28 2018
BY:



Name: Kathy Hinz Location: CORE Today's Date: 6/28/2018

Dates covered in this report: From: bill due 6/26/2018 To: bill due 6/26/2018

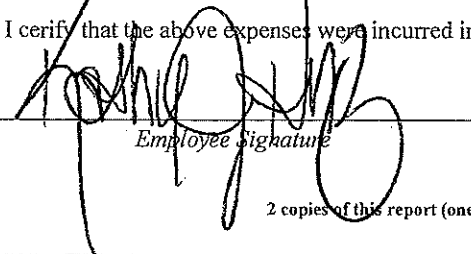
Meeting/Conference Location: monthly cell phone bill

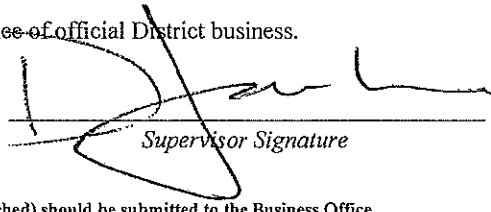
Before any travel reimbursement or conference expenses are incurred or committed on behalf of the District, employees are required to obtain authorization from the appropriate administrator. Only itemizes, receipted travel expenses will be reimbursed. Where applicable, employees will not be reimbursed for sales tax. All receipts must be originals. Copies are not accepted.

Expense Breakdown			
Total miles:	<u>0</u>	@ <u>0.575 per mile</u>	TOTAL <u>0.00</u>
Train, plane or bus fare (tax exempt)			
Taxi or Shuttle			
Hotel (attach receipt to this report)			
Meals (attach itemized receipts to report)			
Registration or Conference Fee			
Miscellaneous travel expenses (please explain below)			<u>150</u>
monthly cell bill up to \$150.00 per Supt. contract			
Balance due:			<u>150.00</u>

Account Code: 10.E.000.2540.0341.00.000000

I certify that the above expenses were incurred in the performance of official District business.


Employee Signature


Supervisor Signature

2 copies of this report (one with receipts attached) should be submitted to the Business Office



P.O. BOX 4002
ACWORTH, GA 30101

Billing period
Account number
Invoice number

May 5, 2018 - Jun 4, 2018
580490603-00001
3737632568

KEYLINE



MICHAEL HINZ
151
(

See last page for payment options and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Michael, here's your bill for this month.



Plan and account \$112.80



Kathleen Hinz page 3 \$10.00

Kathleen Hinz page 3 \$56.24

Kathleen Hinz page 4 \$56.24

Michael Hinz page 4 \$56.24

Kathleen Hinz page 4 \$10.00



Surcharges \$6.13

Taxes and government fees \$21.78

\$329.43

Due June 26

JAN 06 2017

Cardholder Name: Kathy Hinz
Billing Period: 12-5-2016 - 1-06-2017

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

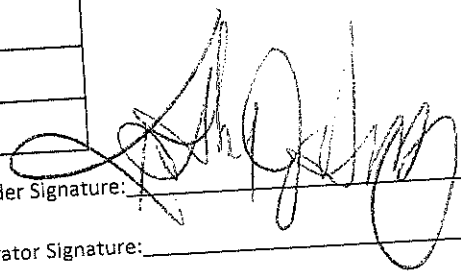
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
11/7/2016	10E000 2320 0332 00 000000			\$ 229.20	American Airlines	Airfare for AASA conference 3/2-3/4
11/11/2016	10E000 2310 0640 00 000000			\$ 300.00	Survey Monkey	Subscription/Renewal
12/8/2016	10E000 2310 0332 00 000000			\$ 109.71	Portillo's	Board Mtg Dinner - 10 people
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 638.91		

**If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 

Administrator Signature: _____

Today's Date: _____

Account Information

HINZ, KATHLEEN

Corporation
Default Code

CRYSTAL LAKE COMM CSD #47

Statement Highlights

Statement Date 01/05/2017
 Account # 5550 0800 0123 7861
 Account Limit 750.00
 Account Balance 638.91

Statement ID
 Currency
 Payment Due Date
 Minimum Payment

560
 U.S. DOLLAR
 01/26/2017
 638.91

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number - 5550080001705750								
52947047	12/08	12/09	PORTILLOS HOME KITCHEN 630-9543773, IL, USA	160448	No Addendum	-	8.36*	109.71
53225933	12/12	12/13	HOPPER 8448707737, MA, USA	172544	No Addendum	-	0.29*	5.00
53352066	12/12	12/14	AMERICAN CAMBRIDGE, MA, USA	172552	Addendum Travel	-	0.00	224.20
54508512	-	12/26	AUTO PAYMENT RECEIVED-THANK YOU	-	-	-	-	547.16 CR
54621103	12/27	12/28	SURVEYMONKEY.COM 971-2445555, CA, USA	123857	Purchasing	27668084	0.00	300.00

Report any items which do not agree with your records within 60 days of statement date.
 * - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance	547.16
- Payments - thank you	547.16 CR
- Other Credits	0.00
Purchases	638.91
+ Cash Advances	0.00
+ Interest	0.00
+ Fees	0.00
+ Other Charges	0.00
New Account Balance, 01/05	638.91

Interest Information

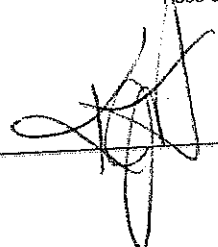
Interest charges on this statement
 Annual interest rates next period (%)
 Daily interest rates next period (%)

Purchases/Other	Cash advance/Cheques
0.00	0.00
10.25000%	0.00000%
0.02808%	0.00000%

Contact Information

	Local Calls	Collect Calls	Toll free Calls
Enquiries	416 283 2263		1 800 263 2263
Lost or Stolen cards	514 877 0330		1 800 361 3361
Internet			

THIS STATEMENT IS INFORMATION ONLY





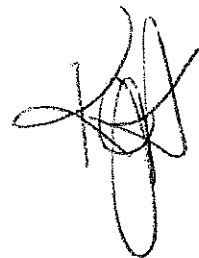
Bourne, Clare <cfbourne@d47.org>

Your Portillo's Order Confirmation!

1 message

Thu, Dec 8, 2016 at 3:05 PM

Portillo's Catering - DO NOT REPLY <allecateringorders@portilloshotdogs.com>
Reply-To: allecateringorders@portilloshotdogs.com
To: Kathleen Hinz <cfbourne@d47.org>



630-851-5151

Order #10207827

Thursday, December 8, 2016

**TAX EXEMPT
PRE-PAID**

ORDER CONFIRMATION

Billing Address

Bill To: Kathleen Hinz
Crystal Lake School District 47 - Clare Bourne
300 Commerce Drive
Crystal Lake, IL 60014
United States

Phone: 8157885000
Email: cfbourne@d47.org

Payment Information

Credit Card
Card Type: Mastercard/Eurocard
Cardholder: Kathleen Hinz
Card Number: *****5750
Expiration: (not saved)
Security Code: (not saved)

Myself

Phone: 8157885000
Store: 23 - Crystal Lake, Illinois

Pickup: Monday, December 12, 2016 5:00 PM

Qty	Item/Description	Price	Total
1	Lasagna, Meat	\$36.99	\$36.99
1	Hot Temperature: Hot	\$0.00	\$0.00
1	*** Give Parmesan Cheese: ***	\$0.00	\$0.00
1	Chopped Salad, Small	\$23.99	\$23.99
1	House Dressing: House	\$0.00	\$0.00
1	Meat and Cheese Cube Tray	\$35.99	\$35.99
1	Bread, French 3"	\$3.75	\$3.75
1	Serving Fork & Spoon Set	\$0.99	\$0.99

2 / Tableware Set-Up for 10

\$4.00

\$8.00

Special Instructions

Guest knew what she wanted / Collect tax exempt at pick up

Order Total

Merchandise Subtotal

\$109.71

Tax

\$0.00

Total

\$109.71

AA RECORD LOCATOR: PTKBRO



Get your boarding pass faster!
Scan this barcode at any
American Airlines Self-Service
Machine.

Chicago to New Orleans

1 Adult
Wednesday March 1, 2017 – Sunday March 5, 2017

AA Record Locator
PTKBRO

Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.

Reservation Name
ORD/MSY

Status: Ticketed Dec 12, 2016

Total Paid:

\$224.20 USD

Fare Amount

Adult
1 x \$182.32 USD \$182.32 USD

Taxes & Carrier-Imposed Fees

Taxes \$41.88 USD

Carrier-Imposed Fees \$0.00 USD

Flight Subtotal

\$224.20 USD

tipper 5.00
TOTAL 229.20

Flight information

Flight	Depart	Arrive
American Airlines 1310	Chicago (ORD) March 1, 2017 11:55 AM Travel Time : 2 h 17 m Cabin Class : Economy Seat : 25D	New Orleans (MSY) March 1, 2017 02:12 PM Booking Code : S Plane Type : S80

Flight	Depart	Arrive
American Airlines 1239	New Orleans (MSY) March 5, 2017 08:20 AM Travel Time : 2 h 30 m Cabin Class : Economy Seat : 13D	Chicago (ORD) March 5, 2017 10:50 AM Booking Code : S Plane Type : 738

Receipt

PASSENGER	TICKET NUMBER	FREQUENT FLYER NUMBER	FARE	Tax/Fee/Charge	TICKET TOTAL
HINZ,KATHLEEN JOANN	0017913442698				
Payment Type: MASTER CARD *****5750					Total

Endorsements/Restrictions

NONREF-SVCCHGPLUSFAREDIF-CXL BY FLT TIME OR NOVALUE

Terms and conditions:

If you've already begun travel, this receipt may only show portions of your trip not flown.

If your ticket involves travel outside the U.S., Canada, U.S. Virgin Islands or Puerto Rico and has been reissued, your ticket total may not include all taxes. Please contact Reservations for the correct total.

A summary of all the terms and conditions that apply to your travel are available on aa.com/conditionsofcarriage.

#10620046

Close Print

Invoice #27668084

Nov 11, 2016

Description

Gold Plan

Billing Period

Dec 26, 2016 - Dec 25, 2017

Price

\$300

Users

1

Amount

\$300

Total: \$300

Paid on Dec 27, 2016 5:37:00 PM (UTC)

NOTES

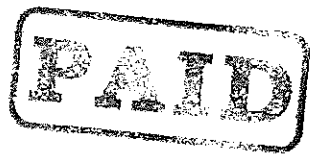
Subscription Renewal Charge

BILLING DETAILS

Kathy Hinz
300 Commerce Drive
Crystal Lake
Illinois
60014
United States
8157885073
Username: kjhinz

HOW TO MAKE A PAYMENT:

Payment made on
Dec 27, 2016 5:37:00 PM (UTC).
Payment Method: MASTERCARD
Card Number(last 4 digits): 5750



SurveyMonkey
101 Lytton Avenue, Palo Alto CA 94301
Our Tax ID (EIN): 37-1581003 Contact: billing@surveymonkey.com

Account Information

HINZ, KATHLEEN

Corporation
Default Code

CRYSTAL LAKE COMM CSD #47

Statement Highlights

Statement Date 02/05/2017
 Account # 5550 0800 0123 7861
 Account Limit 750.00
 Account Balance 467.23

Statement ID
 Currency
 Payment Due Date
 Minimum Payment

578
 U.S. DOLLAR
 02/26/2017
 467.23

Transaction Details

Tran ID	Tran Date	Proc Date	Description	Auth #	Addendum	GL/Customer Code	Total Tax	Amount
Account Number - 5550080001705750								
455418471	01/05	01/06	ROSATIS PIZZA - CRYSTA CRYSTAL LAKE, IL, USA	141557	No Addendum	-	2.03*	28.21
457528877	-	01/26	AUTO PAYMENT RECEIVED-THANK YOU	-	-	-	-	638.91 CR
458049471	01/30	01/31	Amazon.com AMZN.COM/BILL, WA, USA	144208	Purchasing	106-9133230-58858	0.00	104.02
458336614	02/01	02/02	ILL ASSOC OF SCHOOL BU 08157539374, IL, USA	153833	No Addendum	8843881591	0.00	335.00

Report any items which do not agree with your records within 60 days of statement date.
 * - Tax is estimated using information provided from the transaction and is for informational purposes only.

Statement Summary

Previous Balance 638.91
 - Payments - thank you 638.91 CR
 - Other Credits 0.00
 Purchases 467.23
 + Cash Advances 0.00
 + Interest 0.00
 + Fees 0.00
 + Other Charges 0.00
New Account Balance, 02/05 467.23

Interest Information

Interest charges on this statement
 Annual interest rates next period (%)
 Daily interest rates next period (%)

Purchases/Other	Cash advance/Cheques
0.00	0.00
10.25000%	0.00000%
0.02808%	0.00000%

Contact Information

	Local Calls	Collect Calls	Toll free Calls
Enquiries	416 283 2263		1 800 263 2263
Lost or Stolen cards	514 877 0330		1 800 361 3361

Internet

THIS STATEMENT IS INFORMATION ONLY

Shopping Confirmation:



Dear Ms. Kathy Hinz,

Thank you for your recent Purchase!
For your records, here is a summary of your Purchase from Illinois Association Of School Business Officials (IASBO).

Date/Time: 2/1/2017 3:38 PM

Purchase Submitted
Thank you. Your purchase has been submitted. Please reference the confirmation number below for this purchase

Your confirmation number is: 209760

Billing Address

Kathy Hinz
300 Commerce Dr.
Crystal Lake IL 60014
United States
☎ (815) 788-5012
✉ khinz@d47.org

Annual renewal

Items in Cart

Shopping Cart Items Amount Quantity Total

Basic B Membership \$335.00 1 \$335.00

Current Purchases Amount \$335.00

Taxes \$0.00

Shipping \$0.00

Current Purchases Total \$335.00

Purchased By

Ms. Kathy Hinz
Customer ID: 37308
(Organization: Crystal Lake CSD 47)
(815) 788-5012
khinz@d47.org

Payment

Total: \$335.00

Payment: \$335.00

Balance: \$0.00

Payment Method: Credit Card

Card Type: MasterCard

Card Number: *****5750

Card Date: 03/2019

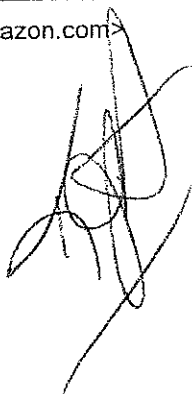
Cardholder Name: Ms. Kathy Hinz

Your Amazon.com order of 2 x "Lexar JumpDrive S75 256GB..."

1 message

auto-confirm@amazon.com <auto-confirm@amazon.com>
Reply-To: auto-confirm@amazon.com
To: kjhinz12@gmail.com

Mon, Jan 30, 2017 at 1:36 PM



Order Confirmation

Hello Kathy Hinz,

Thank you for shopping with us. You ordered 2 of "Lexar JumpDrive S75 256GB...". We'll send a confirmation when your items ship.

Details

Order #106-9133230-5885801

Arriving:
Tuesday, January 31

Ship to:
Kathy Hinz
300 COMMERCE DR...

[View or manage order](#)

Total Before Tax: \$97.90
Estimated Tax: \$7.58
Order Total: \$105.48

We hope to see you again soon.

Amazon.com

Customers Who Bought Lexar JumpDrive S... Also Bought



Lexar JumpDrive S57
256GB USB 3.0...
\$54.69 *Prime*



Lexar JumpDrive S45
128GB USB 3.0...
\$28.94 *Prime*

By placing your order, you agree to Amazon.com's Privacy Notice and Conditions of Use. Unless otherwise noted, items sold by Amazon.com LLC are subject to sales tax in select states in accordance with the applicable laws of that state. If your order contains one or more items from a seller other than Amazon.com LLC, it may be subject to state and local sales tax, depending upon the seller's business policies and the location of their operations. Learn more about tax and seller information.

This email was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message.

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz
Billing Period: 02/06/2017 - 02/05/2017

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number <small>(XX E XXX XXXX XXXX XX XXXXXX)</small>	Purchase Order Number <small>(if applicable)</small>	# of Charges <small>(if applicable)</small>	Amount	Vendor Name	Reason for Expense <small>** (see note below)</small>
2/6/2017	10E000 2310 0332 00 000000			\$ ✓ 89.72	Portillo's	10 people Board Meeting Dinner
3/3/2017	10E000 2320 0332 00 000000			\$ ✓ 38.00	Johnny Whites Pub & Grill	Meal - Conference - 2 people
3/3/2017	10E000 2320 0410 00 000000			\$ ✓ 152.84	AASA	Conference materials for K. Hinz
3/3/2017	10E000 2320 0332 00 000000			\$ ✓ \$48.00	On The Town Inc	Transportation to Airport
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 328.56		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:

Administrator Signature: _____

Today's Date: _____

transportation
For. Kathy &
Greg to Airport.

From: On The Town <info@onthetownconcierge.com>
Date: March 2, 2017 at 8:41:08 AM CST
To: <khinz@d47.org>
Subject: On The Town Concierge

Tours & Attractions Details

ID	3BOL1A.OT
Name	Hinz, kathleen
Phone Number	<u>(224) 406-4436</u>
Passengers	2
Tour date	Sunday, March 05, 2017 06:00 AM
Tour type	New Orleans Int'l Airport
Tour location	
Fare	\$48.00
Payment Method	Credit card

In accepting and using this sale, the passenger accepts and agrees to all of the terms of this contract ticket:

- You will be receiving an additional email shortly for each of your itinerary items, with your e-ticket. Please print your e-ticket and present it at our ticket booth to check in prior to boarding
- In order to get a refund, cancellations must be called in 48-hours prior to your scheduled tour time. - No Refund on Special Events - Normal retail rates do not apply for Special Events
- Tours may be cancelled due to uncertainties of navigation, unfavorable weather conditions, or mechanical difficulties
- The Paddlewheel Creole Queen may remain dockside for the Dinner Jazz Cruise if sailing conditions are unfavorable.
- For the Swamp and Airboat Tours you will receive your boarding pass upon arrival at the Jean Lafitte Swamp Ticket Booth.



CRYSTAL LAKE
LAKE

Bourne, Clare <cfbourne@d47.org>

Your Portillo's Order Confirmation!

1 message

Portillo's Catering - DO NOT REPLY <alleccateringorders@portilloshotdogs.com>
Reply-To: alleccateringorders@portilloshotdogs.com
To: Kathleen Hinz <cfbourne@d47.org>

Fri, Feb 3, 2017 at 1:42 PM



630-851-5151

Order #10262742

Friday, February 3, 2017

**TAX EXEMPT
PRE-PAID**

ORDER CONFIRMATION

Billing Address	Payment Information
Bill To: Kathleen Hinz Crystal Lake School District 47 - Clare Bourne 300 Commerce Drive Crystal Lake, IL 60014 United States Phone: 8157885000 Email: cfbourne@d47.org	Credit Card Card Type: Mastercard/Eurocard Cardholder: Kathleen Hinz Card Number: *****5750 Expiration: (not saved) Security Code: (not saved)

Myself			
Phone:	8157885000	Pickup:	Monday, February 6, 2017 5:00 PM
Store:	23 - Crystal Lake, Illinois		
Qty	Item/Description	Price	Total
1	Beef, Bag 2.5 lb.	\$29.75	\$29.75
1	Hot Beef Gravy	\$7.50	\$7.50
1	Hot only Temperature: Hot only	\$0.00	\$0.00
2	Bread, French 3"	\$3.75	\$7.50
1	Peppers, Hot Small	\$2.99	\$2.99
1	Peppers, Sweet Small	\$2.99	\$2.99
2	Family Cole Slaw	\$3.75	\$7.50
2	Family Potato Salad	\$3.75	\$7.50
1	Chicken Pecan Salad, Small	\$23.99	\$23.99

1	House	\$0.00	\$0.00
	Dressing: House		
Special Instructions			
Collect Tax Exempt Letter			

Order Total		
	Merchandise Subtotal	\$89.72
	Tax	\$0.00
	Total	\$89.72

RECEIPT



**AIRPORT SHUTTLE
FOR RESERVATIONS CALL
24 HOURS IN ADVANCE:
504-522-3500**

RECEIPT

**NON-REFUNDABLE
NOT RESPONSIBLE FOR LOST
OR STOLEN TICKETS**

Reservation #: 3BOL1A.OT
03/05/17 06:00 AM
TCollins

TO/FROM: New Orleans Int'l Airport

PAX: 2/0 FARE: \$48.00 (CC)

Hinz, Kathleen

3BOL1A.OT

ROUTE:

%COMP%

*Airport Shuttle New Orleans will not be responsible or liable for:

* Lost, Stolen or damaged items and baggage or vehicles parked at any of our locations. Acts of God or nature, delays in traffic or flight plans.

* Notice: Baggage Liability

*This motor carrier is not liable for loss or damage to properly identified baggage in an amount exceeding \$1,000.00.

Identify Your Baggage

Under FMCSA regulations, all baggage must be properly identified. Luggage tags should indicate clearly the name and address to which lost baggage should be forwarded. Free luggage tags are available at all ticket windows and baggage counters.

Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

TERM 7 0019158

Order #260

Host: MARIO 02/06/2017
Order #260 4:53 PM
REPRINT# 2 310019

Beef 2-1/2#	29.75
Gravy Box	7.50
Loaf Fb (2 @3.75)	7.50
Sm Hot	2.99
Sm Swt	2.99
Fam Potato Sal (2 @3.75)	7.50
Fam Slaw (2 @3.75)	7.50
Sm Pecan Sal	23.99

Subtotal	89.72
Tax Exempt #E9995021906	0.00
Tax	0.00

PHONE Total 89.72

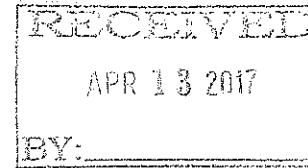
Pre-Paid # 89.72

Thank You!
Please Come Again!

--- Check Closed ---

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz

Billing Period: ~~09-06-2016 - 10-05-2016~~ ~~03-06-2017 - 04-05-2017~~

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
3/3/2017	10E000 2320 0332 00 000000			\$ 58.00	Bayou Burger	2 people - Supt. Conference
3/4/2017	10E000 2320 0332 00 000000			\$ 25.00	The Howlin' Wolf	2 people - Supt. Conference
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 83.00		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:

Administrator Signature: _____

Today's Date: _____



Statement

Account Name: HINZ, KATHLEEN **Card Number:** xxxx-xxxx-xxxx-5750
Company Name: CRYSTAL LAKE COMM CSD #47 **Account Limit:** \$ 750.00
Employee ID: 7999995398028760

Statement Date (MM/DD/YYYY): 04/05/2017 **Currency:** U.S. DOLLAR
Payment Due Date (MM/DD/YYYY): 04/26/2017

Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Previous Balance: \$ 328.56
Payments: \$ -328.56
Adjustments: \$ -600.00
Net Purchases: \$ 683.00
Cash Advance: \$ 0.00
Fees: \$ 0.00
Other Charges: \$ 0.00
New Account Balance: \$ 83.00

Interest Charges and rates:

Item
Interest charges on this statement (\$)
Annual interest rate next period (%)
Daily interest rate next period (%)

	Purchase/Other	Cash Advances
	\$ 0.00	\$ 0.00
	10.25000 %	0.00000 %
	0.02808 %	0.00000 %

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
03/03	03/06 146419621	BAYOU BURGER & SPORTS NEW ORLEANS LA	\$ 52.61 205915	\$ 5.39 (e)	\$ 58.00
03/04	03/06 146419620	SQ *SQ *THE HOWLIN WO NEW ORLEANS LA	\$ 22.68 201507	\$ 2.32 (e)	\$ 25.00
03/05	03/10 147591049	HYATT PLACE NEW ORLNS NEW ORLEANS LA	\$ -544.22	\$ -55.78 (e)	\$ -600.00
03/05	03/10 147591051	HYATT PLACE NEW ORLNS NEW ORLEANS LA	\$ 272.11 161954	\$ 27.89 (e)	\$ 300.00
03/05	03/10 147591050	HYATT PLACE NEW ORLNS NEW ORLEANS LA	\$ 272.11 154129	\$ 27.89 (e)	\$ 300.00
03/27	03/27 150301554	AUTO PAYMENT RECEIVED-THANK YOU	\$ -328.56	\$ 0.00	\$ -328.56

TOTAL CREDITS xxxx-xxxx-xxxx-5750 **\$ -928.56**
TOTAL DEBITS xxxx-xxxx-xxxx-5750 **\$ 683.00**

Crystal Lake School District #47

Procurement Card
Expense Detail Report

RECEIVED

JUN 15 2017

BY: _____

Cardholder Name: Kathy Hinz
Billing Period: 05-06-2017 - 6-05-2017

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

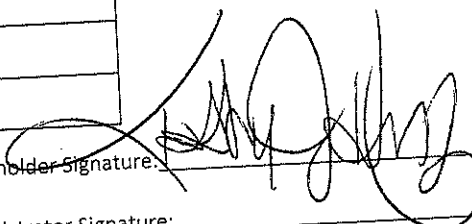
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
5/16/2017	10E000 2310 0332 00 000000			\$ 165.05	Boston Market	Board Meeting Dinner 10 people
5/24/2017	10E000 2215 0410 00 000000			\$ 225.95	Portillo's	Jill & Brad Hawk Training 30 people
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 391.00		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 

Administrator Signature: _____

Today's Date: _____



Bourne, Clare <cfbourne@d47.org>

Your Portillo's Order Confirmation!

1 message

Tue, May 23, 2017 at 6:32 PM

Portillo's Catering - DO NOT REPLY <alleccateringorders@portilloshotdogs.com>
Reply-To: alleccateringorders@portilloshotdogs.com
To: Kathleen Hinz <cfbourne@d47.org>



630-851-5151

Order #10307962

Tuesday, May 23, 2017

TAX EXEMPT

ORDER CONFIRMATION

Billing Address	Payment Information
Bill To: Kathleen Hinz Crystal Lake School District 47 - Clare Bourne 300 Commerce Drive Crystal Lake, IL 60014 United States Phone: 8157885000 Email: cfbourne@d47.org	No Payment

Myself		Price	Total
Phone: 8157885000	Pickup: Wednesday, May 24, 2017 11:00 AM		
Store: 23 - Crystal Lake, Illinois			
Qty	Item/Description	Price	Total
2	Chopped Salad, Large	\$43.99	\$87.98
2	House Dressing: House	\$0.00	\$0.00
2	Service Spoon & Fork Set Give: Service Spoon & Fork Set	\$0.00	\$0.00
2	Chicken Caesar Salad, Large	\$43.99	\$87.98
2	Caesar Dressing: Caesar	\$0.00	\$0.00
2	Service Spoon & Fork Set Give: Service Spoon & Fork Set	\$0.00	\$0.00
1	New Garden Salad, Small	\$19.99	\$19.99
1	House Dressing: House	\$0.00	\$0.00
1	Service Spoon & Fork Set	\$0.00	\$0.00

Give: Service Spoon & Fork Set

8	Bread, French 3"	\$3.75	\$30.00
---	------------------	--------	---------

Comments: add butter on the side

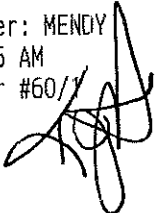
Special Instructions

Guest knows to bring tax letter at PU

Order Total		
	Merchandise Subtotal	\$225.95
	Tax	\$0.00
	Total	\$225.95

Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

Server: MENDY
10:56 AM
Order #60/



DOB: 05/24/2017
05/24/2017
32/320004

SALE

M/C
Card #XXXXXXXXXX5750
Magnetic card present: Yes
Card Entry Method: S

33554435

Approval: 115628

Amount: \$225.95

I agree to pay the above
total amount according to the
card issuer agreement.

X _____

Thank You!
Please Come Again!

C U S T O M E R Copy

Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

TERM 8 0019772

Order #60

Host: MENDY
Order #60

05/24/2017
10:56 AM
320004

-----Survey Receipt-----

Lg Chop Sal (2 @43.99)	87.98
Lg Ccz Sal (2 @43.99)	87.98
Sm Grnt Sal	19.99
Loaf Fb (8 @3.75)	30.00

GET A FREE LARGE FRY
with your next purchase!
We value your opinion. Please visit
www.portillos.com/survey and
tell us about your experience.
Enter this code to start the survey:

| 000 005 203 040 210 243 70 |

You will be provided a validation
code upon survey completion.
To redeem offer, write the code
in the space provided below
and bring this receipt back
on your next visit.
Validation Code:

OFFER NOT VALID WITHOUT CODE.

Subtotal	225.95
Tax Exempt #E9995021906	0.00
Tax	0.00

PHONE Total 225.95

M/C #XXXXXXXXXX5750 225.95
Auth:115628

SIGNATURE : _____

Thank You!
Please Come Again!

Check Closed

Boston Market #0485

6000 NW. Highway
Crystal Lake, IL 60014
(815)356-6700



2017-05-12

3:33 PM

0485 2 108 73195

Cashier: Jeffrey J

*** Order was Modified ***
*** After Total ***

Boston Market #0485
6000 NW. Highway
Crystal Lake, IL 60014.
(815)356-6700
2017-05-15
0485

Chicken	33.99
A La Carte Meatloaf	40.49
Rotisserie Potatoes	31.79
Steamed Vegetables	31.79
Dozen Cornbread	6.99
Delivery/Setup	20.00

TAX EXEMPT

Catering \$165.05

TND MC \$165.05
Change \$0.00

CREDIT SALE

CHARGE DETAIL

Card Type: MasterCard
Account: *****5750 token
Auth Code: 170011
Trans #: 73195
Auth Ref: 70200006

AUTH AMT: \$165.05

2017-05-15 L1 T2 4:00 PM

CUSTOMER COPY

MODIFIED

ORDER EXPRESS ONLINE

Try ordering ahead at
www.bostonmarket.com

Receive 15% off
your next order!

Tell Us What You Think!
Keep your receipt and go to:
www.tellbostonmarket.com

\$10 minimum purchase / \$15 max discount.
Discount not eligible for online orders.
Not valid with Catering.
Not valid with Holiday Heat & Serve.
Not valid with other special offers
or discounts.

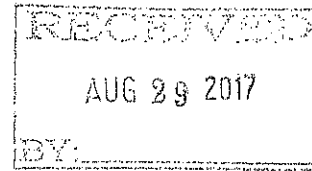
Validation Code _____
Promo Code 33706
Offer expires June 18, 2017

BUY ONE
INDIVIDUAL MEAL
AND A DRINK,
GET ONE
INDIVIDUAL MEAL
FOR FREE!

Offer valid this Saturday
May 20th 2017 only!
A value of up to
\$12.99 off your

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz

Billing Period: 07/06/2017 - 08/05/2017

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (If applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
11/20/1901	10E000 2320 0640 00 000000			\$ 690.00	AASA	K. Hinz Conf registration
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 690.00		

**if charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:

Administrator Signature: _____

Today's Date: _____

Board meeting.
8-21-17

Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

TERM 8 0022802

Order #143

Host: MENDY	08/21/2017
Order #143	4:57 PM
	320006
	▼
Sm Chop Sal	23.99
1/2 Most	27.99
Loaf Fb	3.75
Subtotal	55.73
Tax Exempt #E9995021906	0.00
Tax	0.00
PHONE Total	55.73
Pre-Paid #	55.73

Thank You!
Please Come Again!

--- Check Closed ---



Bourne, Clare <cfbourne@d47.org>

AASA 2018 National Conference on Education Confirmation

1 message

Sun, Jul 16, 2017 at 1:19 PM

aasasupport@cmrus.com <aasasupport@cmrus.com>
To: CFBourne@d47.org



Kathy Hinz,

Please review your confirmed details for the AASA 2018 National Conference on Education.

Your registration is confirmed for the conference, to be held February 15-17, 2018 at the Nashville Music City Center in Nashville, Tennessee. Contact us if you have questions or require any changes to your registration. Please refer to the AASA Registration and Hotel website for the Cancellation Policy.



C1400558

Scanning the above QR code from your mobile device or confirmation printout will greatly speed you through the registration check-in process onsite. A picture ID will be required to pick up your badge and materials.

Registrant Information

Kathy Hinz
Crystal Lake Community School District 4
300 Commerce Drive
Crystal Lake, IL 60014-3503
khinz@d47.org

Registration Summary -- C1400558 Kathy Hinz

1 National Conference on Education Annual Meeting Registration \$690.00

Total Registration Fees: \$690.00

Total Payment To Date: \$690.00

Payment Date/Type: MasterCard (x-5750 Exp. 0319)

Hotel Reservation Summary -- 42998337

Hotel Name: Hyatt Place Nashville Downtown
Hotel Address: 301 3rd Avenue South
Nashville, TN 37201

Arrival Date: Wednesday, 2/14/2018
Departure Date: Saturday, 2/17/2018
of Nights: 3
Hotel Early Departure Fee: \$50.00 USD
Room Type: NON-SMOKING GUEST ROOM
Occupancy: Single - 1 Adult

Special Requests: Request King Bed
Away From Elevator
Away From Ice Machine
* All special requests are subject to hotel availability and cannot be guaranteed.

Rate: \$219
Applicable Hotel Tax: 15.25%
Additional Fees: \$7.50
Estimated Room + Tax Total: \$764.70
Deposit Policy: Credit card guarantee or check deposit of one night room and tax
Guaranteed By: MasterCard (x-5750 Exp. 3/2019)
Cancellation Policy: One night's room and tax penalty after 1/18/2018.
No Show Policy: If you fail to check-in on the scheduled date of arrival your credit card will be charged in the amount of one night's room and tax or your check deposit will be forfeited. Your reservation will also be canceled for the remainder of the stay.

Remarks:

To Change or Cancel Your Hotel Reservation:

The quickest way to make changes or cancel your reservation is by logging in to the AASA Registration and Housing Site and selecting 'Edit Reservation'.

If you need additional assistance, please contact us by sending us a message through the AASA Registration & Hotel Support Center, or by giving us a call.

DO NOT CALL THE HOTEL DIRECTLY FOR CHANGES OR CANCELLATIONS UNTIL 2/1/2018.

Failure to check in on your scheduled date of arrival or failure to abide by the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

Need Help?

Visit the AASA Registration and Housing Support Center
Toll Free U.S. & Canada: 866-226-4939
Outside U.S. & Canada: 415-268-2097
Fax: 415-293-4070



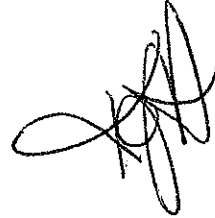
Bourne, Clare <cfbourne@d47.org>

Your Portillo's Order Confirmation!

1 message

Portillo's Catering - DO NOT REPLY <allecateringorders@portilloshotdogs.com>
Reply-To: allecateringorders@portilloshotdogs.com
To: Kathleen Hinz <cfbourne@d47.org>

Mon, Aug 21, 2017 at 9:11 AM



630-851-5151

Order #10347602

Friday, August 18, 2017

TAX EXEMPT
PRE-PAID

ORDER CONFIRMATION

Billing Address	Payment Information
Bill To: Kathleen Hinz Crystal Lake School District 47 - Clare Bourne 300 Commerce Drive Crystal Lake, IL 60014 United States Phone: 8157885000 Email: cfbourne@d47.org	Credit Card Card Type: Mastercard/Eurocard Cardholder: Kathleen Hinz Card Number: *****5750 Expiration: (not saved) Security Code: (not saved) No Payment

Myself				
Phone:	8157885000	Pickup:	Monday, August 21, 2017 5:00 PM	
Store:	23 - Crystal Lake, Illinois			
Qty	Item/Description	Price	Total	
1	Chopped Salad, Small	\$23.99	\$23.99	
1	House Dressing: House	\$0.00	\$0.00	
1	Service Spoon & Fork Set Give: Service Spoon & Fork Set	\$0.00	\$0.00	
1	Mostaccioli, Small Meat	\$27.99	\$27.99	
1	Hot Temperature: Hot	\$0.00	\$0.00	
1	*** Give Parmesan Cheese: ***	\$0.00	\$0.00	
1	Bread, French 3"	\$3.75	\$3.75	

Board meeting
8-21-17

Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

TERM 8 0022802

Order #143

Host: MENDY	08/21/2017
Order #143	4:57 PM
	320006
Sm Chop Sal	23.99
1/2 Most	27.99
Loaf Fb	3.75
Subtotal	55.73
Tax Exempt #E9995021906	0.00
Tax	0.00
PHONE Total	55.73
Pre-Paid #	55.73

Thank You!
Please Come Again!

--- Check Closed ---

Crystal Lake School District #47

Procurement Card
Expense Detail Report

RECEIVED

SEP 18 2017

Cardholder Name: Kathy Hinz
 Billing Period: 08-06-2016 - 10-05-2016

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

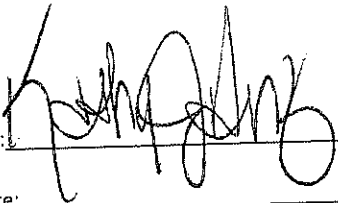
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
8/21/2017	10E000 2310 0332 00 000000			\$ 55.73	Portillos	Board Meeting Dinner 10 people
8/31/2017	10E000 2310 0690 00 000000			\$ 18.32	Nametag Wizard	nametag for K. Hinz
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 74.05		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 
 Administrator Signature: _____

Today's Date: _____

Special Instructions

Portillo's

Guest knew what she wanted

Order Total

Merchandise Subtotal	\$55.73
Tax	\$0.00
Total	\$55.73

8/31/2017

Crystal Lake School District 47 Mail - Name Tag Wizard: New Order # 25022931



CRYSTAL LAKE

Hinz, Kathy <khinz@d47.org>

Name Tag Wizard: New Order # 25022931

1 message

Thu, Aug 31, 2017 at 9:55 AM

Name Tag Wizard <sales@nametagwizard.com>
To: Kathy Hinz <khinz@d47.org>



CONNECTING NAMES TO FACES

THANK YOU FOR YOUR ORDER FROM
NAME TAG WIZARD.

Once your package ships we will send an email with a link to track your order. Your order summary is below. Thank you again for your business.


Order Questions?

Call Us: (866) 574-3353

Email: support@nametagwizard.com

Your order #25022931

Placed on August 31, 2017 10:55:28 AM EDT

Item	Details	Sku	Qty	Subtotal
 2017-2018 Dr. Kathy J. Hinz Superintendent	ID Card Material: White Plastic Backing: Magnet Back Lanyard Color: None Design: Custom Design size: Horizontal - 2.125" x 3.375"	1005433-1	1	\$12.50

Subtotal	\$12.50
Shipping & Handling	\$8.95
Discount (CUSTOMER25)	-\$3.13
Grand Total	\$18.32

BILL TO:

Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake, Illinois, 60014
United States

SHIP TO:

Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake, Illinois, 60014
United States



Order #25022931

Order Date: August 31, 2017

Shipping Address

*Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake, Illinois, 60014
United States
T: 8157885073
F: 8157885073*

Billing Address

*Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake, Illinois, 60014
United States
T: 8157885073
F: 8157885073*

Shipping Method

Priority Mail - Priority Mail

Payment Method

Credit Card

Credit Card Type:

MasterCard

Credit Card Number:

xxxx-5750

Payer Email:

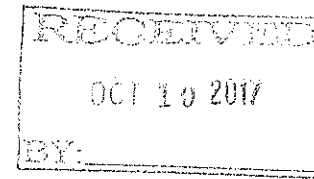
khinz@d47.org

Items Ordered

Product Name	SKU	Price	Qty	Subtotal
--------------	-----	-------	-----	----------

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz

Billing Period: 09-06-2016 - 10-05-2016

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
9/8/2017	10E000 2310 0690 00 000000			\$ 212.80	recognition Source	Board member gifts
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 212.80		

**If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:

Administrator Signature: _____



CRYSTAL LAKE

Bourne, Clare <cfbourne@d47.org>

Fwd: Order RS16080 confirmed

1 message

Wed, Sep 6, 2017 at 2:03 PM

Hinz, Kathy <khinz@d47.org>
To: Clare Bourne <CFBourne@d47.org>

receipt for board recognition awards - charged on my P-card - please pull from board supply - thanks!

Kathy J. Hinz, Ed.D.
Superintendent of Schools



CORE Center

300 Commerce Dr.
Crystal Lake, IL 60014
815.788.5012
www.d47.org

- Follow D47 on Twitter @crystallakeSD47 with hashtag #D47pride
- Follow me on Twitter @DrKathyHinz
- Like D47 on Facebook @D47schools

"Educational excellence for all students is our passion and commitment."

----- Forwarded message -----
From: **Recognition Source** <sales@recognitionsource.com>
Date: Wed, Sep 6, 2017 at 2:02 PM
Subject: Order RS16080 confirmed
To: khinz@d47.org



RECOGNITION SOURCE
AWARDING SUCCESS

THANK YOU FOR PLACING YOUR ORDER WITH RECOGNITION SOURCE.

This is an automated confirmation that your order has been received. A detailed summary can be found below, along with instructions on how to proceed.

Please use your **order number (RS16080)**, when communicating with us via email.

If you have not yet submitted artwork and or engraving information, please do so ASAP so we can generate proof(s) for your order. <http://www.recognitionsource.com/pages/upload>

If you have already submitted artwork or engraving information, you will receive a proof within 1-2 business days.

If you have any questions, please reply to this email, someone from our sales team will assist you with your order.

SHIPPING ADDRESS:

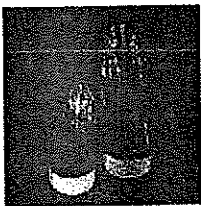
Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake
Illinois 60014
United States

BILLING ADDRESS:

Kathy Hinz
Crystal Lake Elementary District 47
300 Commerce Drive
Crystal Lake
Illinois 60014
United States

SHIPPING METHOD:

FedEx Ground



PRISM PRESTIGE CYLINDER AWARD - SMALL / 1 (8) FOR \$24.00 EACH

Subtotal : \$192.00 USD

Shipping : \$20.80 USD

Total : \$212.80 USD

LOCAL PICKUP INSTRUCTIONS

If you selected local pickup, you will pick up your awards after 2pm at our offices, located at:

Recognition Source
3109 E. Randol Mill Rd
Arlington, TX 76011

The information contained in this e-mail message or any attachment may be confidential and/or privileged, and is intended only for the use of the named recipient. If you are not the named recipient of this message, you are hereby notified that any dissemination, distribution, or copying of this message or any attachment thereto, is strictly prohibited. If you have received this message in error, please contact the sender and delete all copies.

Crystal Lake School District #47

Procurement Card
Expense Detail Report

RECEIVED

NOV 16 2017

BY: _____

Cardholder Name: Kathy Hinz
 Billing Period: 8-10-17 - 11-5-17

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

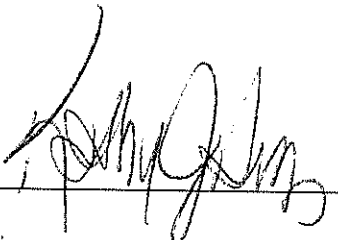
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
10/10/2017	10E000 2320 0332 00 000000			\$ 273.45	American Airlines	Airline ticket - K. Hinz - February Conference
10/16/2017	10E000 2310 0332 00 000000			\$ 110.39	Boston Market	Dinner Board meeting 10 ppl
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 383.84		

**If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 
 Administrator Signature: _____

Today's Date: 11/

10 Ppd Bid Mto 10/16/17

Boston Market #0485
6000 NW. Highway
Crystal Lake, IL 60014
(815)356-6700

2017-10-16 8:31 AM

0485 1 126 73304

Cashier: Terry M-cash

*** Order was Modified *
*** After Total

Thicken HB	52.45
St loaf HB	52.45
Family Choc Brownie	5.49
ides	.00
Mashed Potatoes	
10 Steamed Vegetables	
10 Cornbread	
20 Gravy Poultry	

TAX EXEMPT	
Catering	\$110.39
TND MC	110.39
Change	\$.00

MODIFIED

ORDER EXPRESS ONLINE
Try ordering ahead at
www.bostonmarket.com

Receive 15% off
your next order!

It's As What You Think!
Keep your receipt and go to:
www.tellbostonmarket.com

\$10 minimum purchase / \$15 max discount.
Discount not eligible for online orders.
Not valid with Catering.
Not valid with Holiday Heat & Serve.
Not valid with other special offers
or discounts.

Validation Code _____
Promo Code 37611
Offer expires November 1st 2017

BUY ONE
INDIVIDUAL MEAL
AND A DRINK,
GET ONE
INDIVIDUAL
FOR FREE!

Offer valid this Saturday
October 21st 2017 only!
A value of up to

Handwritten signature and notes

Thank you for making your reservation on AA.com!

Are you ready to earn miles on this flight?
AAdvantage members use their miles for flights, hotels, cars and more.

[JOIN NOW >>](#)

Thank you. Your email has been sent.

Your trip is booked

Once the status of your trip is 'Ticketed,' you'll receive a confirmation email and can print your itinerary and receipt on aa.com (usually within 3 hours).

Chicago to Nashville

1 Adult
Wednesday February 14, 2018 - Saturday February 17, 2018

AA Record Locator
JXMRJH

Reservation Name
ORD/BNA

Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.

Status: Ticket Pending

Flight	Depart	Arrive
American Airlines 3059 <small>Operated by SkyWest Airlines As American Eagle</small>	Chicago (ORD) February 14, 2018 07:17 AM Travel Time : 1 h 32 m Class : Economy Seat : 13C	Nashville (BNA) February 14, 2018 08:49 AM Booking Code : N Plane Type : CR7
American Airlines 3145 <small>Operated by SkyWest Airlines As American Eagle</small>	Nashville (BNA) February 17, 2018 07:24 AM Travel Time : 1 h 51 m Class : Economy Seat : 13C	Chicago (ORD) February 17, 2018 09:15 AM Booking Code : N Plane Type : CR7

Your Trip Price:
\$273.45 USD

Fare Amount

Adult	1 x \$212.10 USD	\$212.10 USD
Trip Options		
Preferred Seats		\$17.04 USD
Taxes & Carrier-Imposed Fees		
Taxes		\$44.31 USD
Carrier-Imposed Fees		\$0.00 USD

Flight Subtotal
\$273.45 USD

Hotel Offers

Book your hotel with us and earn up to 10,000 miles per night

Powered by **Booking.com**

Destination/Hotel Name:

Check-in
02/14/2018


Check-out
02/17/2018

Search

Nashville



Gaylord Opryland Resort & Convention Center
★★★★
From **\$853**



Hotel Indigo Nashville
★★★
From **\$783**



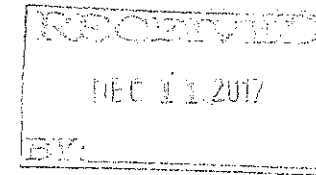
Best Western Plus Nashville Airport Hotel - BNA
★★★
From **\$337**

More hotel offers

Baggage Information

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz

Billing Period: 11-06-2017-12-05-2017

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
11/18/2017	10E000 2310 0332 00 000000			\$ 411.39	Sweetwater - Board Lunch	Board Conference - 12 people Board Cont. Accomodations
11/29/2017	See Sheet for breakdown			\$ 6,842.45	Hotel Monaco	Board/Admin
12/1/2017	10E000 2310 0410 00 000000			\$ 64.21	Amazon	Books - Teaching supplies
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 7,318.05		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:

Administrator Signature: _____

Today's Date: _____



A handwritten signature in black ink, appearing to be "M. J. [unclear]".

Crystal Lake School District 47
300 Commerce Dr
Crystal Dr IL 60014
United States

Room No. : 9051
Arrival : 11-09-17
Departure : 11-30-17
Folio No. :
Cashier No. : 15
Conf. No. : 78758

INFORMATION INVOICE

Crystal Lake School District 47
Crystal Lake School District 47

Page No. : 1 of 1

Date	Description	Charges	Credits
11-17-17	0610 Eileen Palsgrove	217.18	
11-18-17	0616 Rob Fetzner	651.54	
11-17-17	0710 Cathy Nelson	434.36	
11-17-17	0916 Betsy Les	434.36	
11-18-17	0918 Curt Wadlington	434.36	
11-18-17	1010 Clare Bourne	651.54	
11-18-17	1104 Jonathan Powell	434.36	
11-18-17	1118 Greg Buchanan	651.54	
11-18-17	1202 Ryan Farrell	434.36	
11-18-17	1210 Kathy Hinz	651.54	
11-18-17	1217 John Pellikan	434.36	
Total Charges		5,429.50	
Total Credits			0.00
Balance			5,429.50

Thank you for staying with us at The Kimpton Monaco Chicago Hotel!



Kathy Hinz <kjhinz12@gmail.com>

Your Amazon.com order of Leading Impact Teams... and 1 more item.

1 message

Amazon.com <auto-confirm@amazon.com>
Reply-To: no-reply@amazon.com
To: kjhinz12@gmail.com

Thu, Nov 30, 2017 at 5:38 AM



Order Confirmation

Hello Kathy Hinz,

Thank you for shopping with us. You ordered "Leading Impact Teams..." and 1 other item. We'll send a confirmation when your items ship.

Details

Order #114-7880578-5629013

Arriving:
Saturday, December 2

Ship to:
Kathy Hinz
1577 ROLLING HILLS DR...

[View or manage order](#)

Total Before Tax: \$60.43
Estimated Tax: \$4.68
Order Total: \$65.11

see 2nd pg

We hope to see you again soon.

Amazon.com

Buy it again

	Ivermectin Paste Dewormer - 6.08g... \$12.48		Mary Kay Timewise 3 in 1 Cleanser... \$21.88
--	-------------------------------------------------	--	-------------------------------------------------

By placing your order, you agree to Amazon.com's Privacy Notice and Conditions of Use. Unless otherwise noted, items sold by Amazon.com LLC are subject to sales tax in select states in accordance with the applicable laws of that state. If your order contains one or more items from a seller other than Amazon.com LLC, it may be subject to state and local sales tax, depending upon the seller's business policies and the location of their operations. Learn more about tax and seller information.

This email was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message.

All ▾

Departments ▾ Browsing History ▾ Kathy's Amazon.com

EN Hello, Kathy Account & Lists ▾ Orders Prime ▾ 0 Cart

Your Account ▾ Your Orders ▾ Order Details

Order Details

Ordered on November 30, 2017 Order# 114-7880578-5629013

[View or Print invoice](#)

Shipping Address

Kathy Hinz
1577 ROLLING HILLS DR
CRYSTAL LAKE, IL 60014-2943
United States

[Change](#)

Payment Method

**** 5750

[Change](#)

Apply gift card balance

[Enter code](#)

[Apply](#)

Order Summary

Item(s) Subtotal:	\$60.43
Shipping & Handling:	\$0.00
Total before tax:	\$60.43
Estimated tax to be collected:	\$4.68
Grand Total:	\$65.11

Transactions

Arriving Saturday



Leading Impact Teams: Building a Culture of Efficacy
Bloomberg, Paul J.
Sold by: Amazon.com LLC
\$30.35

Condition: New

[Add gift option](#)

[Buy it again](#)



School Climate: Leading With Collective Efficacy
DeWitt, Peter M.
Sold by: Amazon.com LLC
\$30.08

Condition: New

[Add gift option](#)

[Buy it again](#)

[Track package](#)

[Change Payment Method](#)

[Cancel items](#)

[Archive order](#)

Shipping speed

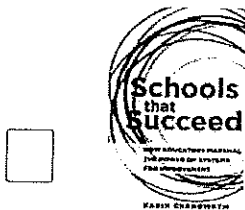
Two-Day Shipping

[Change](#)

Shipping preference

Ship my items as they become available

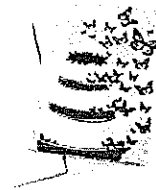
Customers who bought **Leading Impact Teams: Building a Culture of Eff...** also bought



Schools That Succeed:
How Educators Marshal...
Karin Chenoweth
5
Paperback
\$30.00



Reach the Highest
Standard in Professional
Learning: Learning...
Eleanor...
Paperback
\$25.89



Amazon.com Gift Card in a
Greeting Card (Various
Designs)
17,006
\$10.00 - \$2,000.00



Opening Doors to Equity:
A Practical Guide to...
Tonya W. Singer
9
Paperback
\$28.93

SWEETWATER
 225 N. Michigan Ave.
 Chicago, IL 60601
 (312) 698 - 7111

1019 Contract

Tbl 73/1 Chk 2284 Gst 12
 Nov18'17 11:21AM

SWEETWATER
 225 N. Michigan Ave.
 Chicago, IL 60601
 (312) 698 - 7111

Date: NOV. 18 2017
 Card Type: Mastercard
 Acct #: XXXXXXXXXXXX5750
 Card Entry: SWIPED
 Trans Type: PURCHASE
 Trans Key: GIG006471633211
 Auth Code: 132707
 Check: 2284
 Table: 73/1
 Server: 1019 Contract

Subtotal: 341.39

TOTAL 411.39
 GUEST COPY

Dining Rm

2 Bang Bang Shrimp	28.00
2 Spinach Dip	24.00
2 Cheese Curds	22.00
2 Steak Chopped	32.00
1 Chkn Chopped	15.00
1 Shrimp Salad	19.00
1 Southwest Chicke	15.00
1 Waldorf Salad	15.00
1 Hot Turkey Press	14.00
1 Cobb Salad	15.00
1 Swtwater Burger: side salad	14.00
1 Stk SF Wrap	14.00
1 Sunnyside Burger side salad	15.00
1 Fish Tacos	15.00
PARTY MINIMUM	
1 Open Food	28.25
3 Iced Tea	8.85
1 Diet Coke	2.95
1 Lemonade	2.95
2 %	
2% Event Svc	6.00
Sub Total	300.00
Tax	35.19
Swt Bev Tax	0.20
Service Chgs	6.00
TOTAL DUE	341.39

Get \$10 when you spend \$200
 Our rewards program is easy
 to join. Ask your server for
 the tablet or download the
 Spring Rewards app.

THANK YOU
 PLEASE COME AGAIN SOON



Company Address 119 W 23rd St #700
New York, NY 10011
US

Created Date 12/19/2017
Expiration Date 12/31/2017
Opportunity Name Crystal Lake Elementary District
47-IASB-281117
Quote Number 00000300

PLEASE DO NOT MAIL IN PO'S
ABOVE ADDRESS IS NOT MONITORED DAILY

Prepared By Scott Caulfield
Email scott@padcaster.com
Phone (317) 762-5723

Contact Name Catherine Nelson

Bill To Name Crystal Lake Elementary District 47
Bill To 300 Commerce Dr
Crystal Lake, IL 60014

Ship To Name Crystal Lake Elementary District 47
Ship To 300 Commerce Dr
Crystal Lake, IL 60014

Product Code	Product	Product Description	Quantity	List Price	Sales Price	Line Item Description	Total Price
PCDW001	Padcaster Dolly Wheels	Padcaster Dolly Wheels	1.00	\$89.99	\$0.00	Included per Jon	\$0.00
PCA2USTU001	Padcaster Ultimate Studio (Air 2)	For iPad Air2	1.00	\$1,299.99	\$999.00		\$999.00
PCSHIP01	Shipping and Handling	SHIPPING & HANDLING	1.00	\$0.00	\$74.99		\$74.99

Grand Total **\$1,073.99**

Instructions

- * Please email all POs to: PO@padcaster.com
- * If by Credit Card, call: 317.762.5723
- * PLEASE DO NOT MAIL OR FAX POs!

- * All POs must be based upon an official Padcaster quote.
- * Please attach the original Padcaster quote with your PO, when submitting.

phoned in order to Scott Caulfield 12/17/17

Will ship Jan 8.

Authorized By (Print Name): _____

Authorized By (Signature): _____

Date: _____

Billed to K Hinz pearce CAO 12/17



Company Address 119 W 23rd St #700
 New York, NY 10011
 US

Jon Goldberg
 President
 119 W. 23rd St., Suite 700
 New York, NY 10011
 312.523.8893
 jon@padcaster.com

PLEASE DO NOT MAIL IN PO'S
 ABOVE ADDRESS IS NOT MONITORED DAILY

Quote Number 00000300

Prepared By Scott Caulfield
 Email scott@padcaster.com
 Phone (317) 762-5723

Contact Name Catherine Nelson

Bill To Name Crystal Lake Elementary District 47
 Bill To 300 Commerce Dr
 Crystal Lake, IL 60014

Ship To Name Crystal Lake Elementary District 47
 Ship To 300 Commerce Dr
 Crystal Lake, IL 60014

Product Code	Product	Product Description	Quantity	List Price	Sales Price	Line Item Description	Total Price
PCDW001	Padcaster Dolly Wheels	Padcaster Dolly Wheels	1.00	\$89.99	\$0.00	Included per Jon	\$0.00
PCA2USTU001	Padcaster Ultimate Studio (Air 2)	For iPad Air2	1.00	\$1,299.99	\$999.00		\$999.00
PCSHIP01	Shipping and Handling	SHIPPING & HANDLING	1.00	\$0.00	\$74.99		\$74.99

Grand Total **\$1,073.99**

Instructions

- * Please email all POs to: PO@padcaster.com
- * If by Credit Card, call: 317.762.5723
- * PLEASE DO NOT MAIL OR FAX POS!

- * All POs must be based upon an official Padcaster quote.
- * Please attach the original Padcaster quote with your PO, when submitting.

phoned in order to Scott Caulfield 12/21/17

Will ship Jan 8.

Authorized By (Print Name): _____

Authorized By (Signature): _____

Date: _____

Billed to K Hinz pearce CAO 12/21/17

12/7/2017

Amazon.com - Order 112-7951563-8903437



Details for Order #112-7951563-8903437

Print this page for your records.

Order Placed: December 7, 2017
Amazon.com order number: 112-7951563-8903437
Order Total: \$1,423.84

Not Yet Shipped

Items Ordered

44 of: *School Climate: Leading With Collective Efficacy*, DeWitt, Peter M.
Sold by: Amazon.com LLC

Price
\$30.03

Condition: New

Shipping Address:

Kathy Hinz
1577 ROLLING HILLS DR
CRYSTAL LAKE, IL 60014-2943
United States

10E000 2213 0410 00 493212

Shipping Speed:

Two-Day Shipping

Payment information

Payment Method:

MasterCard | Last digits: 5750

Item(s) Subtotal: \$1,321.32
Shipping & Handling: \$0.00

Billing address

Kathy Hinz
300 COMMERCE DR
CRYSTAL LAKE, IL 60014-3503
United States

Total before tax: \$1,321.32
Estimated tax to be collected: \$102.52

Grand Total: \$1,423.84

To view the status of your order, return to [Order Summary](#).

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2017, Amazon.com, Inc. or its affiliates



Final Details for Order #114-9539959-3043408

Print this page for your records.

Order Placed: December 27, 2017
Amazon.com order number: 114-9539959-3043408
Order Total: \$13.00

Shipped on December 28, 2017

Items Ordered **Price**
1 of: *Pawz 1.5-Inch to 2-Inch Water-Proof Dog Boots, X-Small, Black* \$13.00
Sold by: Barons Best Goods ([seller profile](#))
Condition: New

Shipping Address:
Kathy Hinz
1577 ROLLING HILLS DR
CRYSTAL LAKE, IL 60014-2943
United States

Item(s) Subtotal: \$13.00
Shipping & Handling: \$0.00

Total before tax: \$13.00
Sales Tax: \$0.00

Shipping Speed:
Two-Day Shipping

Total for This Shipment: \$13.00

Payment information

Payment Method:
MasterCard | Last digits: 5750

Item(s) Subtotal: \$13.00
Shipping & Handling: \$0.00

Billing address
Kathy Hinz
300 COMMERCE DR
CRYSTAL LAKE, IL 60014-3503
United States

Total before tax: \$13.00
Estimated tax to be collected: \$0.00

Grand Total: \$13.00

Credit Card transactions

MasterCard ending in 5750: December 28, 2017: \$13.00

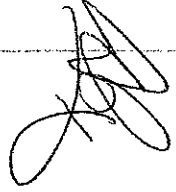


Jon Goldberg
President

119 W. 23rd St., Suite 700
New York, NY 10011
312.523.8893
jon@padcaster.com

1/17/2018

Invoice No. 30676348

SurveyMonkey 

Invoice #30676348

Dec 26, 2017

Pa

Description	Billing Period	Price
Advantage Annual Plan (Team)	Dec 26, 2017 - Dec 25, 2018	\$360.00
Advantage Annual Plan Additional Seat (Team)	Dec 26, 2017 - Dec 25, 2018	\$0

Billing Details

Kathy Hinz
 300 Commerce Drive
 Crystal Lake
 Illinois
 60014
 United States
 8157885073
 Username: kjhinz

Notes

Subscription Renewal Charge

How To Make a Payment

Payment made on

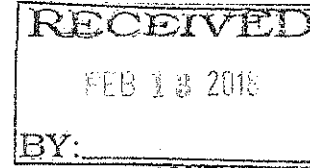
Dec 26, 2017 12:02:00 PM (UTC).

Payment Method: MASTERCARD
Card Number(last 4 digits): 5750

SurveyMonkey
 3050 South Delaware Street, San Mateo CA 94403, USA
 Our Tax ID (EIN): 37-1581003
 Contact: billing@surveymonkey.com

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz
Billing Period: 1-6-2018-02-5-2018

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

Date of Charge	Budget Account Number (XX 2 XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
2/2/2018	10E000 2310 0640 00 000000			\$ 97.00	Education Week	Annual Renewal - K. Hinz
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 97.00		

**If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

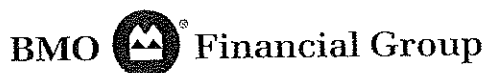
List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature:
 Administrator Signature: _____

Today's Date: _____



Statement

Account Name: HINZ, KATHLEEN Card Number: xxxx-xxxx-xxxx-5750
 Company Name: CRYSTAL LAKE COMM CSD #47 Account Limit: \$ 10,000.00
 Employee ID: 7999995398028760
 Statement Date (MM/DD/YYYY): 02/05/2018 Currency: U.S. DOLLAR
 Payment Due Date (MM/DD/YYYY): 02/26/2018

Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Previous Balance: \$ 2,851.03
 Payments: \$ -2,851.03
 Adjustments: \$ 0.00
 Net Purchases: \$ 97.00
 Cash Advance: \$ 0.00
 Fees: \$ 0.00
 Other Charges: \$ 0.00
 New Account Balance: \$ 97.00

Interest Charges and rates:

Item
 Interest charges on this statement (\$)
 Annual interest rate next period (%)
 Daily interest rate next period (%)

	Purchase/Other	Cash Advances
	\$ 0.00	\$ 0.00
	11.50000 %	0.00000 %
	0.03150 %	0.00000 %

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
01/26	01/26 204224629	AUTO PAYMENT RECEIVED-THANK YOU	\$ -2,851.03	\$ 0.00	\$ -2,851.03
02/01	02/02 205522094	EDUCATION WEEK 800-445-8250 MD	\$ 90.02 065941	\$ 6.98 (e)	\$ 97.00

TOTAL CREDITS xxxx-xxxx-xxxx-5750 \$ -2,851.03
 TOTAL DEBITS xxxx-xxxx-xxxx-5750 \$ 97.00

2/1/2018

Crystal Lake School District 47 Mail - Your Education Week Renewal



Hinz, Kathy <khinz@d47.org>

Your Education Week Renewal

1 message

edweek <edweek@icnfull.com>
To: khinz@d47.org

Thu, Feb 1, 2018 at 5:59 AM



EDUCATION WEEK

Dear Education Week Subscriber,

Thank you for your auto-renewal of Education Week – American education's newspaper of record.

Your credit card has been charged \$97.00 and your account number is: XXXXXXXXXX-5750

For complete premium online access to Education Week articles and 30+ years of archives, be sure to register and claim here: www.edweek.org/go/claim. Enter your account number above when prompted.

If you have questions about your subscription, please call Customer Service at 1-800-445-8250 from 7 a.m. to 10 p.m. EST. If you'd like to review our User Agreement, click [here](#).

Thanks again for subscribing to Education Week.

If you no longer wish to receive e-mail notices from Education Week, click [here](#).

A handwritten signature in black ink, appearing to be "KHINZ".



Hinz, Kathy <khinz@d47.org>

Your Smore account information

1 message

Smore Billing <priority@smore.com>

Mon, Feb 12, 2018 at 12:37 PM

To: Kathy Hinz <khinz@d47.org>



Smore Account Information

Hi there Kathy,

Thank you for signing up for a Smore Pro account!

Your chosen plan: **Educator Plus**.

You will be charged \$149 every year.

No long term contract. Cancel at any time.

All your receipts can be found in your account page.

You may also use the account page to cancel your account.

If this is a mistake, please contact our support by emailing support@smore.com. We also offer a 30-day refund policy.

As usual, keep enjoying Smore and let us know if you need any help at all!

Crystal Lake School District #47

Procurement Card
Expense Detail Report

RECEIVED
APR 15 2018
BY: _____

Cardholder Name: Kathy Hinz

Billing Period: 3/5-2018-3/6-2018

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

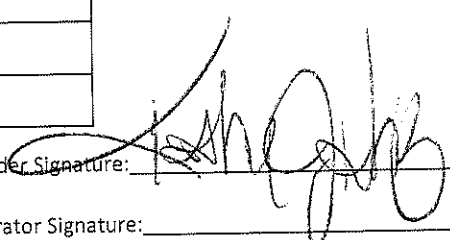
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
2/12/2018	10E000 2310 0332 00 000000			\$ 91.48	Portillos	Board Dinner - 10 people
3/12/2018	10E000 2310 0410 00 000000			\$ 335.58	4imprint	mugs for admin/board
	10E000 2320 0410 00 000001			\$ 445.75	4imprint	mugs for admin/board
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 872.81		

****If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description**

List Pending Credit or Sales Tax Refunds

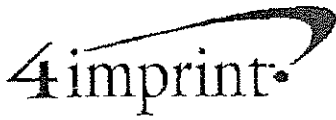
Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 

Administrator Signature: _____

Today's Date: _____



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

Toll Free: 877-446-7746
Free Fax: 800-355-5043

Main Address KATHY HINZ CRYSTAL LAKE ELEMENTARY DISTRICT 47 300 COMMERCE DR CRYSTAL LAKE, IL 60014-3503	Invoice Address Kathleen Hinz Crystal Lake Elementary District 47 300 Commerce Dr Crystal Lake IL 60014-3503	Shipping Address Kathy Hinz Crystal Lake Elementary District 47 300 Commerce Dr Crystal Lake, IL 60014-3503 USA Tel: 815-788-5014
-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Order Number: 15451469	Questions Call: Beth Schafhauser
Order Date: March 12, 2018	Phone: 877-446-7746 Ext. 8238
Account No: 3302719	Fax: 855-781-4004
Reference No:	Email: beths@4imprint.com

Item	Qty	Item #	Description	Unit \$	Price \$	Total \$
Hugo Vacuum Travel Mug - 20 oz. Colors (Tumbler,Lid): Matte Black, Clear						
	60	133918-20	Hugo Vacuum Travel Mug - 20 oz.	10.8700	652.20	652.20
	1	Coupon	Coupon Code	-83.5200	-83.52	-83.52
	60	Add'l Location	Add'l Location Run Charge	1.0500	63.00	63.00
	1	Set-Up Charge	Set-Up Charge	60.0000	60.00	60.00
	1	Set-Up Charge	Set-Up Charge (Add'l Loc)	60.0000	60.00	60.00
			Freight		29.65	29.65

Artwork Instructions

Product Color (Base, Trim): Matte Black, Clear

Imprint Location: Upper Back

Imprint Colors: White

Imprint Location: Upper Front

Imprint Colors: White

10-000-7310 0410-00-000000 \$ 335⁵⁸
 010-2320 0410 \$ 445⁷⁵

Grand Total 781.33

Thank you for your order!

Information Regarding Sales Tax: 4imprint currently collects sales tax on orders shipped to Alabama, California, Florida, Minnesota, Colorado and Wisconsin. If your organization is exempt in any of the states where we collect sales tax, please supply your Customer Care Representative with the appropriate tax exemption or resale certificate. 4imprint is not required to, and does not, collect sales or use tax in all states. However, your purchase from 4imprint is not exempt from sales or use tax solely because the sale was made via the Internet, phone or other remote means. Please see the following link for more information - <<http://info.4imprint.com/faq/>>

Shipment Details

Shipment to	Qty	Item #	Estimated Ship Date	Carrier, service	Guaranteed Delivery Date	Freight
Address as above.	60	133918-20	Mar 20 2018	UPS Ground (Parcel)	Mar 23 2018	29.65

Packing List

Order Number: **M5410461** Customer PO: 154514691 Customer: NE4800
4 IMPRINT

Ship Date: 3/20/2018	Ship From: 4 IMPRINT 101 COMMERCE STREET PO BOX 320 OSHKOSH, WI 54901 US	Ship To: CRYSTAL LAKE ELEMENTARY DISTRICT 47 ATTN: KATHY HINZ 300 COMMERCE DR REF#15451469 CRYSTAL LAKE, IL 60014-3503 US
Ship Method: MUPS4		
In Hand: 3/23/2018		

Item	Description	Color	Size	Qty
1624-89BK	Hugo Copper Vacuum Insulated Tumbler 20oz	Black (BK)		60



- Locations
- Menu
- Catering
- Shop & Ship
- Get Obsessed
- Careers
- Community

Checkout - Order Confirmation

Your order has been successfully processed.

Order Number: 10459812

Please print this page for your records.

You will also receive a confirmation email shortly from us regarding your order.

Print Page

Address Summary

Billing Address: Kathleen Hinz
 Crystal Lake School
 District 47 - Clare Bourne
 300 Commerce Drive
 Crystal Lake, IL 60014
 United States
 cfbourne@d47.org

Payment Summary

Credit Card

Card Type: Mastercard/Eurocard
Cardholder: Kathleen Hinz
Card Number: *****5750
Expiration: (not saved)
Security Code: (not saved)

No Payment

For Myself (address book)



**CRYSTAL
LAKE**

Bourne, Clare <cfbourne@d47.org>

Your Portillo's Order Confirmation!

1 message

Portillo's Catering - DO NOT REPLY <alleccateringorders@portilloshotdogs.com>
 Reply-To: alleccateringorders@portilloshotdogs.com
 To: Kathleen Hinz <cfbourne@d47.org>

Thu, Mar 15, 2018 at 5:00 PM



630-851-5151

Order #10459812

Thursday, March 15, 2018

TAX EXEMPT

ORDER CONFIRMATION

Billing Address	Payment Information
Bill To: Kathleen Hinz Crystal Lake School District 47 - Clare Bourne 300 Commerce Drive Crystal Lake, IL 60014 United States Phone: 8157885000 Email: cfbourne@d47.org	No Payment

Myself			
Phone:	8157885000	Pickup:	Monday, March 19, 2018 5:15 PM
Store:	23 - Crystal Lake, Illinois		
Qty	Item/Description	Price	Total
1	Chopped Salad, Small	\$23.99	\$23.99
1	House Dressing: House	\$0.00	\$0.00
1	Service Spoon & Fork Set Give: Service Spoon & Fork Set	\$0.00	\$0.00
1	Chicken Limone	\$59.99	\$59.99
1	Hot Temperature: Hot	\$0.00	\$0.00
2	Bread, French 3"	\$3.75	\$7.50

Order Total	
Merchandise Subtotal	\$91.48
Tax	\$0.00
Total	\$91.48



Portillo's Crystal Lake
855 Cog Circle
Crystal Lake, IL 60014
815-788-0900

TERM 7 0008796

Order #300

Host: MARIO 03/19/2018
Order #300 5:03 PM
REPRINT# 2 310028

Sm Chop Sal 23.99
Chk Limone 59.99
Loaf Fb (2 @3.75) 7.50
(2)Blue-Xlong

Subtotal 91.48
Tax Exempt #E9995021906 0.00
Tax 0.00

PHONE Total 91.48

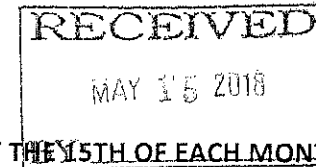
Pre-Paid # 91.48

Portillo's Now Delivers!
Order at portillos.com
or download the app.

--- Check Closed ---

Crystal Lake School District #47

Procurement Card
Expense Detail Report



Cardholder Name: Kathy Hinz
Billing Period: 04-06-2018_05-05-2018

COPY OF STATEMENT AND ALL RECEIPTS MUST BE SUBMITTED WITH THIS FORM BY THE 15TH OF EACH MONTH

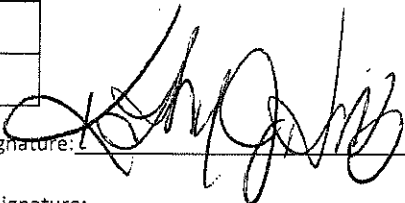
Date of Charge	Budget Account Number (XX E XXX XXXX XXXX XX XXXXXX)	Purchase Order Number (if applicable)	# of Charges (if applicable)	Amount	Vendor Name	Reason for Expense **(see note below)
4/26/2018	10E000 2320 0332 00 000000			\$ 92.55	Apple Awards	Retirement - Brenda Cox
	0410? 5130410					
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL CHARGES (MUST MATCH STATEMENT)				\$ 92.55		

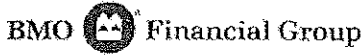
**If charge related to meals and/or refreshments for an in-district meeting, please provide # of people in attendance and meeting description

List Pending Credit or Sales Tax Refunds

Vendor Name	Credit Amount Due	Date Contacted Vendor

Total Credits Pending \$0.00

Cardholder Signature: 
Administrator Signature: _____

**Statement**

Account Name: HINZ, KATHLEEN Card Number: xxxx-xxxx-xxxx-5750
 Company Name: CRYSTAL LAKE COMM CSD #47 Account Limit: \$ 2,000.00
 Employee ID: 7999995398028760
 Statement Date (MM/DD/YYYY): 05/05/2018 Currency: U.S. DOLLAR
 Payment Due Date (MM/DD/YYYY): 05/26/2018

Statement Summary:

Report any items which do not agree with your records within 30 days of the statement date.

Previous Balance: \$ 872.81
 Payments: \$ -872.81
 Adjustments: \$ 0.00
 Net Purchases: \$ 92.55
 Cash Advance: \$ 0.00
 Fees: \$ 0.00
 Other Charges: \$ 0.00
 New Account Balance: \$ 92.55

Interest Charges and rates:

Item	Purchase/Other	Cash Advances
Interest charges on this statement (\$)	\$ 0.00	\$ 0.00
Annual interest rate next period (%)	11.75000 %	0.00000 %
Daily interest rate next period (%)	0.03219 %	0.00000 %

Transaction Summary:

Trans Date	Posting Date Trans ID	Description	Pre-Tax Amount Auth #	Total Tax	Trans Amount
04/24	04/25 220744420	INT*IN *APPLE AWARDS I 716-5581711 WI	\$ 92.55 154837	\$ 0.00	\$ 92.55
04/26	04/26 221067475	AUTO PAYMENT RECEIVED-THANK YOU	\$ -872.81	\$ 0.00	\$ -872.81
			TOTAL CREDITS	xxxx-xxxx-xxxx-5750	\$ -872.81
			TOTAL DEBITS	xxxx-xxxx-xxxx-5750	\$ 92.55



Apple Awards, Inc.
 15577W Par Ln.
 Hayward, WI 54843
 800-248-6243
 info@AppleAwards.com
 Info@SportPlaques.com



Invoice

DATE	INVOICE NO.
4/24/2018	54158

PAID
 04/24/2018

BILL TO Crystal Lake School District 47 Clare Bourne 300 Commerce Drive Crystal Lake IL 60014	SHIP TO Crystal Lake School District 47 Clare Bourne 300 Commerce Drive Crystal Lake IL 60014
------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

DUE DATE	P.O. NO.	TERMS	SHIP VIA
4/29/2018		Charge Card	FedEx Ground

Item Number	Description	Quantity	RATE	AMOUNT
2CW	Large School Bell without Medallion	1	44.95	44.95
ENG2	Engraving on Bell	82	0.30	24.60
LLOGO	Laser Engraved Custom Logo	1	12.00	12.00
Artwork Charge	Artwork Charge - On File	1	0.00	0.00
Shipping	Shipping & Handling	1	11.00	11.00

Please Note Corrected Address:
 Apple Awards Inc / Sport Plaques
 15577W Par Lane
 Hayward WI 54843

Thank You For Your Order!	Total	\$92.55
----------------------------------	--------------	----------------

Phone #	Fax #	E-mail	Web Site
715-634-6860	715-634-3334	info@appleawards.com	www.appleawards.com www.sportplaques.com

Apple Awards Inc. / Sport Plaques
15577W Par Lane
Hayward, WI 54843

04/24/2018

SALE

Total: \$92.55

Master Card

xxxxxxxxxxx5750

Exp. Date: xx / xx

Entry Mode: Keyed

Kathleen Hinz

Auth. Code: 154837

Trans. ID: PG0153141892

QuickBooks Trans. No:

Merchant No : 5247710000936880

AID

Terminal ID:

Thank you for your business

CUSTOMER COPY